



CITY OF CARLISLE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965

JAMES L. RENNIE

M.D., M.R.C.P. (Glasgow), D.P.H.
MEDICAL OFFICER OF HEALTH



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HEALTH COMMITTEE 1965-66

Chairman—Councillor LITTLE •

Deputy Chairman—Councillor MRS. ROBERTS

Councillor BIRTLES

Councillor DERRY

Councillor DUNSTAN

Councillor FELL

Councillor LONG

Councillor MATTHEWS

Councillor MISS SIBSON

Councillor WALKER

OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS

Education Committee—School Health Service.

Welfare Services Committee—Administration of the appropriate Sections of the National Assistance Act, 1948.

Water Committee—Water Supply.

SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health, Principal School Medical Officer, and Chief Welfare Services Officer	— JAMES L. RENNIE, M.D., Ch.B., M.R.C.P. (Glas.), D.P.H.
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Deputy Medical Officer of Health, etc.	— DAVID L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H. (up to 31-10-65)
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Assistant Medical Officer of Health and School Medical Officer	— DAVID G. PROUDLER, M.B., B.S.
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Principal Dental Officer— Education and Health	— THOMAS W. GREGORY, L.D.S. (Ed.), L.R.C.P., etc. (up to 31-8-65) Mr. H. W. FREER, L.D.S. (Leeds) (from 1-9-65) (Dental Officer until 31-8-65)
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Dental Officers, Education and Health	— Miss E. RAE, L.D.S. (Manchester) Miss R. C. ANDREW, L.D.S. (Edinburgh) (from 16-8-65)
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Chief Public Health Inspector	— ERNEST BOADEN, A.M.I.P.H.E.
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Chief Administrative Assistant	— L. OATES.
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Mr. Chairman, Ladies and Gentlemen,

I beg to submit my 19th Annual Report on the health of the City. The estimated mid-year population for 1965 was 71,240 and this figure has been used in calculating the various statistics in the Report. The total number of live births when compared with that of 1964 fell by 21 to 1304, but an unfortunate feature of this is that the percentage of illegitimate live births has risen from 5.74 to 8.28, a regrettable but all too frequent trend in these days of reduced moral values. The infant mortality rate of 16.10 is quite an improvement on our last year's figure of 21.13 and compares favourably with the provisional figures for England and Wales of 19.0. There was a slight fall in the death rate. Though there were not as many deaths from cancer of the lung as in 1964 it seems ridiculous that people should continue to smoke cigarettes when there are as many as 32 deaths from lung cancer during a year in the City. The number of deaths from coronary disease remains practically unchanged.

In the field of infectious disease there was once again a rise in the number of notifications but this was mainly due to the occurrence of over 1,000 cases of measles and 213 cases of dysentery. The outbreak of paratyphoid fever in Blackpool during the holiday season resulted in a certain amount of anxiety among Carlisle people who had recently spent a holiday in that area but investigations carried out by your staff in conjunction with the Public Health Laboratory Service and hospital staff showed that there was only one actual case of the disease and that three other people were symptomless carriers. This outbreak of disease was the result of the consumption of unpasteurised milk and I should like to emphasise once again the fact that the public would be well advised to insist on heat treated milk. The eradication scheme for tuberculosis has removed the need for pasteurisation to prevent that disease, but it is still possible to acquire other diseases including brucellosis and paratyphoid fever through the milk supply. It is a lamentable fact that in spite of our knowledge of the situation for many years, no scheme of eradication of brucellosis has yet been decided upon in the United Kingdom and until there is such a scheme it is important that the milk consumed should be heat treated.

As will be seen from Dr. Morton's report, there was an increase of 3 in the number of notifications of pulmonary tuberculosis but the figure is still being maintained at a low level, though as I have previously warned, we must maintain vigilance to ensure that this disease is kept under adequate control.

It was decided to offer the attachment of Health Visitors to any group of general practitioners who wished this form of co-operation and during the latter months of the year arrangements were made for the re-deployment of Health Visitors so that the new scheme could be put into operation at the beginning of 1966. Morton Infant Welfare Clinic, which is conducted within the building of the Morton Community Centre, commenced operations

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Councillor FELL

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Chief Administrative Assistant	— L. OATES.
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Lowther House to take on a similar but more senior post with Manchester Corporation. Mr. Irving had been Manager of Lowther House for 5 years and it was he who was first responsible for the supervision of the temporary accommodation provided by the Welfare Services Committee. I should like to place on record my appreciation of the service which these four officers have rendered to the City Council and to wish Miss Ferguson and Dr. Gregory many years of happy retirement.

One main innovation of the year was the commencement of the Cervical Cytology Service. This, in co-operation with the Hospital Laboratory Service, is providing for the early diagnosis of cervical cancer and it is hoped will prevent much morbidity and untimely death among women.

The work in the Mental Health Service continues to expand and is really only limited by the professional staff available for recruitment. The numbers attending both the junior and adult centres have increased with correspondingly greater demand on the staff and ambulance transport. Good markets were maintained for the disposal of goods made at the adult centre.

There is still a long waiting list for people requiring residential accommodation in our Old People's Homes. During the year Elizabeth Welsh House, Harraby, a Home for 45 aged persons, was under construction, while work on a block of 22 Group Flatlets for Aged People was commenced.

The problem of homeless families continues and the temporary accommodation provided by the Welfare Services Committee is frequently full. At this juncture, however, it would not appear justifiable to increase the amount of this accommodation.

It will be noted that for the first time the public health inspectorate has been up to full strength and this has enabled some arrears of work to be overtaken. There still remains, however, much work to be done in the realms of slum clearance, food hygiene, smoke abatement and kindred subjects.

I desire to record my thanks to all members of the staff of the department for their willing service and to acknowledge the help received from the officers of other Corporation Departments in our general work, as well as in contributions to this Annual Report. I should also wish to pay a special tribute to Dr. J. S. Faulds, Consultant Pathologist at the Cumberland Infirmary, who retired at the end of the year after many years service. Throughout my eighteen years with this Authority I have received the utmost help and co-operation from Dr. Faulds and I wish to record the grateful thanks of all members of the department to him for his help throughout the years. I should also wish to express my gratitude to general practitioners and hospital staffs for their co-operation. To the Chairman and members of the Health Committee I desire to give my thanks for the help, encouragement and support given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant.

JAMES L. RENNIE.

Medical Officer of Health.

SECTION I.

VITAL STATISTICS

VITAL STATISTICS

SUMMARY

Area (acres)	6,092
Population (1965) Estimate of Registrar General	71,240
Rateable Value	£2,600,960
Sum represented by a Penny Rate	£10,559

The rates given in brackets are those which would have applied had it been possible to transfer out Scottish births and deaths as explained in my Annual Report for 1953.

LIVE BIRTHS :	Total	M.	F.
Legitimate	1,196	614	582
Illegitimate	108	60	48
Live Birth Rate per 1,000 of the population —	18.30 (17.41).		
Live Birth Rate per 1,000 of the population as corrected by the Area Comparability factor of 0.98 is	17.94.		

ILLEGITIMATE LIVE BIRTHS (per cent. of total live births)—8.28 (8.23)

STILLBIRTHS	31	17	14
Stillbirth rate per 1,000 total live and stillbirths—	23.22 (22.85)		

TOTAL LIVE AND STILLBIRTHS	1,335	691	644
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INFANT DEATHS (deaths under 1 year)	21	15	6
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INFANT MORTALITY RATES :

Total infant deaths per 1,000 total live births	16.10 (16.94)
Legitimate infant deaths per 1,000 legitimate live births	14.21 (14.94)
Illegitimate infant deaths per 1,000 illegitimate live births	37.04 (39.22)

NEO-NATAL MORTALITY RATE (deaths under four weeks per 1,000 live births)	9.20 (9.68)
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EARLY NEO-NATAL MORTALITY RATE (deaths under one week per 1,000 total live births)	8.44 (8.87)
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PERINATAL MORTALITY RATE (Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	31.46 (31.52)
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MATERNAL MORTALITY (including abortion)—
No maternal deaths occurred during the year.

	Total	M.	F.
DEATHS	916	454	462
Death rate 12.86 (12.14) per 1,000 population.			
Death rate per 1,000 of the population as corrected by the Area Comparability factor of 1.11 is	14.27.		

POPULATION

The Registrar General's estimate of the mid-year population of the City for 1965 is 71,240, a decrease of 50 on the figure for 1964. This is the first time since 1956 that there has been a downward trend and it will be interesting to observe whether the 1966 partial census bears this out.

BIRTHS

Live Births

The total number of live births assigned to the City was 1304; a decrease of 21 on the figure for the previous year. 64 of these were born to mothers whose normal residence is in Scotland, but had their confinements in City hospitals. The crude live birth rate was 18.30 per 1000 population, but this figure would have been 17.41 if the Scottish births had been transferable. The birth rate has to be modified by applying the area comparability factor of 0.98 and this gives a rate of 17.93 per 1000 of population as compared with 18.1 per 1000 for England and Wales.

Illegitimate Live Births

One striking feature of this year's statistics is the marked rise in the number of illegitimate births. There were 108 representing 8.28% of all live births. Not since 1945 has such a high percentage of illegitimacy occurred in the City. This is a very serious matter as these infants are in most cases handicapped by the absence of a stable home background. Although many childless couples are anxious to adopt children some unmarried mothers are naturally unwilling to allow this and some children cannot be considered suitable for adoption.

Still Births

The figure of 31 still births in 1965 was a decrease of 1 on the figure for 1964 and the rate per thousand live and still births was 23.22, or 22.85 if the Scottish births and still births had been excluded. Still birth rate for England and Wales was 15.8.

DEATHS

The Registrar General credited 916 deaths to Carlisle; 14 less than the previous year. The crude death rate was 12.86 per thousand of the population and the rate after adjustment by applying the area comparability factor of 1.11 was 14.27 per thousand of population. Included in the 916 deaths were 51 persons who were Scots and if these deaths had been transferrable the death rate would have been 12.14 per thousand of population.

Table 1 shows the cause of death and the age at death of the 916 persons. Heart disease and cerebro-vascular accidents are again the principal causes of death.

TABLE 1.

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total deaths whether of 'Resident' or 'Non resident' in Institutions in the City
	All Ages	Und. 1 Year	1 & Und. 5	5 & Und. 15	15 & Und. 25	25 & Und. 45	45 & Und. 65	65 & Und. 75	75 & up-wards	
1	2	3	4	5	6	7	8	9	10	11
All Causes :										
Certified ..	850	19	3	3	7	33	214	241	330	689
Uncertified ..	66	2	1	—	—	3	21	18	21	33
Tuberculosis Respiratory ..	4	—	—	—	—	—	1	2	1	2
Tuberculosis Other	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	2	—	—	—	—	—	—	1	1	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic diseases	2	—	—	—	—	—	1	1	—	2
Malignant neoplasm										
Stomach ..	23	—	—	—	—	—	11	6	6	21
Lungs & Bronchus	32	—	—	—	—	1	14	12	5	19
Breast	17	—	—	—	—	1	10	2	4	15
Uterus	10	—	—	—	—	—	7	1	2	9
Other malignant & lymphatic neoplasms	78	—	—	—	1	4	26	30	17	87
Leukaemia										
Aleukaemia ..	3	—	—	—	—	—	—	1	2	7
Diabetes	4	—	—	—	—	—	1	3	—	7
Vascular lesions of nervous system	143	1	—	—	—	1	26	36	79	91
Coronary disease angina	222	—	—	—	—	2	77	78	65	138
Hypertension with heart disease ..	17	—	—	—	—	—	1	6	10	4
Other heart diseases	118	—	—	—	—	3	13	36	66	74
Other circulatory disease	41	—	—	—	—	1	8	7	25	36
Influenza	2	—	—	—	—	—	2	—	—	1
Pneumonia	40	5	2	—	—	—	5	8	20	44
Bronchitis	30	1	—	—	—	2	7	8	12	14
Other diseases of respiratory system	4	—	—	—	—	—	—	3	1	4
Ulcer of the stomach and duodenum	12	—	—	—	—	1	3	3	5	13
Gastritis, Enteritis, Diarrhoea ..	2	1	—	—	—	1	—	—	—	4
Nephritis and Nephrosis ..	6	—	—	—	—	1	2	1	2	8
Hyperplasia of prostate ..	2	—	—	—	—	—	—	1	1	1
Pregnancy, childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	7	6	—	—	—	1	—	—	—	9
Other defined and ill-defined diseases	55	7	1	2	2	5	13	10	15	76
Motor Vehicle accidents	16	—	1	—	4	4	3	1	3	21
Suicide	9	—	—	—	—	4	2	2	1	2
Homicide and operations of war	2	—	—	—	—	2	—	—	—	—
All other accidents	13	—	—	1	—	2	2	—	8	13
TOTALS	916	21	4	3	7	36	235	259	351	722

TABLE 2.

Table 2 shows number of infant deaths by primary cause and age and by month of death in Carlisle during 1965.

CAUSE OF DEATH	AGE								MONTH												Total Deaths Under 1 Year	
	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	January	February	March	April	May	June	July	August	September	October	November		December
All Causes : Certified Uncertified	11 —	— —	— —	1 —	12 —	— 1	5 1	2 —	— —	1 —	— —	3 —	3 —	1 —	2 2	— —	3 —	— —	2 —	2 —	— —	19 2
Pneumonia	1	—	—	1	2	—	2	1	—	—	—	1	—	—	2	—	1	—	—	—	1	5
Congenital Malformations	3	—	—	—	3	1	2	—	—	—	—	1	2	—	1	—	—	—	1	1	—	6
Bronchitis	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Intracranial Haemorrhage	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Gastro-enteritis	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Prematurity	5	—	—	—	5	—	—	—	—	—	—	1	—	1	1	—	1	—	1	—	—	5
Intracranial Brain Injury	2	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	2
TOTALS	11	—	—	1	12	1	6	2	—	1	—	3	3	1	4	—	3	—	2	2	2	21

Maternal Mortality

No maternal death occurred during the year.

Infantile Mortality

A total of 21 infants under one year of age died during the year. This represents an Infantile Mortality rate of 16.10 per 1000 live births. The causes of these deaths, the age at which they occurred and the reason are shown in Table 2 from which it will be seen that the chief causes were malformations, pneumonia and prematurity. The provisional infantile mortality rate for England and Wales for 1965 was 19.0 per 1000 live births.

Deaths Due to Cancer

There was a fall in the deaths due to cancer generally but in a relatively small population much significance cannot be attached to this. As will be seen from Table 3 such falls have occurred in the past only to be succeeded in subsequent years by increased mortality.

TABLE 3.

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
132	146	138	146	163	145	133	165	182	160

INQUESTS

The City Coroner held 44 inquests during the year. Of this number 23 related to deaths of persons living within the City and 21 to persons who resided in other districts but died in Carlisle.

UNCERTIFIED DEATHS

92 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 66 of these were in respect of city residents.

The number of such deaths which occurred in 1964 was 115.

SECTION II,
SANITARY CIRCUMSTANCES
AND
HEALTH SERVICES

SANITARY CIRCUMSTANCES AND HEALTH SERVICES

I am indebted to the City Engineer and Surveyor for the report on Sewerage, Sewage Disposal and Swimming Baths.

SEWERAGE AND SEWAGE DISPOSAL

Main Drainage works have continued to receive attention.

The Belle Vue and Parham Relief Sewer is now completed and, as a result, land previously incapable of development at Belle Vue is being developed and further development is being planned.

The pumping main required for the Botcherby Relief Sewer has been laid in conjunction with the Warwick Road Reconstruction, and pump tenders are receiving consideration at the time of writing.

Tenders for the civil engineering works should follow early in 1966.

The laying of the main sewers within the Kingstown Trading Estate has now been completed.

Preparation of a scheme for the provision of humus tanks at the Willow Holme Sewage Disposal Works is well advanced and will be submitted to the Ministry of Housing and Local Government before the end of the year. A scheme for the provision of a sludge digestion plant is also being prepared and should follow the humus tank installation.

Regular maintenance and cleaning of sewers has continued throughout the year.

SWIMMING BATHS

The Carlisle Swimming Baths were built in 1884 and the accommodation for swimming is substantially as it was when the premises were built. The accommodation consists of two pools, one pool 75' long and 30' wide and the other 60' x 30'. The pools contain 110,000 gallons of water, 5'-6" being the maximum depth in both pools.

Filtration of the pools water is carried out by four 8' diameter vertical type filters having a maximum filtering capacity of 33,668 gallons per hour, which allows the contents of the pools to be filtered every 3½ hours. Alumina Sulphate and Sodium Carbonate is used for this purpose.

Sterilisation is by the marginal system of chlorination, with Chlorine as the agent, using a chlorinator of ½ lb. capacity per hr.

The water content of the pools is changed once each year, when fresh water from the Carlisle Corporation Water Undertakings is used to fill. The filters are back-washed once each week using water from the pools, fresh water is taken from the mains to make up this deficiency.

During the year two further swimming pools have been opened, one at the Carlisle & County High School for Girls and the other at the Grammar School. These are identical in design and similar to that at the Harraby Secondary Modern School, in that they are L-shaped. The long legs of the pools are approximately 55' x 24' and the shorter legs 47' x 16'6". The pools have a

maximum depth of 7'6" and each has a capacity of 50,500 gallons.

The method of filtration is similar to that employed in the Carlisle Public Baths and sterilisation is by the break point system of chlorination.

The samples of water taken for bacteriological examination have proved satisfactory.

The Public Health Inspectors sampled swimming bath water as now noted.

(a) PUBLIC SWIMMING BATHS, JAMES STREET

A total of twenty samples of swimming bath water were submitted throughout the year from the large and small pools to the Public Health Laboratory for bacteriological examination.

The overall results of the samples were satisfactory.

(b) HARRABY SECONDARY SCHOOL POOL

A total of eight samples of swimming bath water were submitted throughout the year from the school pool to the Public Health Laboratory for bacteriological examination.

The overall results of the samples were satisfactory.

WATER SUPPLY

I am obliged to the Water Engineer and Manager for the following report on the City's water supply.

The rainfall recorded at the Geltsdale Waterworks for the year 1st April 1965 to 31st March 1966 was 44.61 inches compared with 40.90 inches in the previous year. The heaviest rainfall was on the 25th September, 1965, when 1.47 inches was recorded. The heaviest monthly rainfall was during September when 6.99 inches were recorded. There was no period of drought during the year and the rainfall was 110% of the long term average.

The storage at Castle Carrock reservoir fell to 94 million gallons on 19th September and 4th October but recovered during the remaining part of the year and was full at 180 million gallons by the end of March 1966.

During the year 347 samples were taken for bacteriological examination from the sources which supply the City and rural areas and set out below is a table of the analysis of water samples during the year 1965/66.

Source of Sample	No. of Samples Taken	Satisfactory	Suspicious	Unsatisfactory	Percentage of Satisfactory Samples Taken
Cumwhinton Storage	51	50	1	—	98%
Cumwhinton Works	51	51	—	—	100%
Castle Carrock (Raw)	14	4	—	10	29%
Castle Carrock (Final)	50	49	—	1	98%
Crew Fell (Final)	18	13	2	3	72%
Cowran Cut ...	17	16	1	—	94%
Cumwhitton ...	17	17	—	—	100%
Brampton ...	15	10	4	1	67%
Banks ...	16	5	5	6	31%
Longtown ...	17	11	4	2	65%
Hethersgill ...	17	15	1	1	88%
Walton ...	16	13	2	1	81%
Low Row ...	17	17	—	—	100%
Hallbankgate ...	17	15	—	2	88%
Roughton Gill ...	14	14	—	—	100%

The second stage of the 15" trunk main from Victoria Place to Kingstown Road was completed during 1965 providing further improvements in the supplies north of the River Eden. Adequate supplies are now available to Kingstown trading estate and there are improvements to the Rockcliffe, Harker and Metal Bridge areas.

Use has been made during the year of plastic sponges for the cleaning of water mains, especially where the flow of water is insufficient to clear the main under normal flushing conditions. Considerable quantities of deposit have been removed in this manner and a more permanent cure is effected by removing the particles which have been deposited in the water mains over the years. New mains laid on housing sites are also being cleaned in this manner before being brought into operation.

During the year 5.5 miles of new water mains were laid which included, in addition to the trunk main Botcherby to Stanwix, lengths of 6", 4" and 3" water mains laid on housing sites in the city and in the rural district, together with water mains laid in conjunction with highways reconstruction and re-alignment. The total length of water mains at 31st March 1966 was 586 miles.

The table below shows the quantity of water consumed per day in the city area and in the rural area together with the relative consumption for domestic and trade use in these two areas.

Water Consumption 1965/66

Water distributed from Cumwhinton Reservoir	3.619 m.g.d.
Water distributed to rural area other than above	1.134 m.g.d.
Consumption per head per day through Cumwhinton	Domestic 29.20 galls.
	Trade 16.00 "
Consumption per head per day in rural area	Domestic 33.20 "
	Trade 23.50 "

Following the local investigation into the North and Eastern Area Scheme in February 1965 an Order was made for the construction of the Works which include 3 service reservoirs, 50 miles of water main and 2 pumping stations. Work has commenced on the construction of the first 2 million gallons service reservoir and work is progressing satisfactorily on the construction, preparation of contracts and letting of tenders. Subject to delivery of pipes, there is no reason why this scheme should not go according to schedule and be completed in five years. Subject to the replacement of the unsatisfactory sources of supply the position in regard to water supply in the statutory area of the Carlisle Water Undertaking should give no cause for concern in the immediate future.

Regular sampling of the City Water supply by the Public Health Inspectors for chemical and bacteriological examination was maintained throughout the year.

Two complaints were received by the Department regarding the quality of the water but by working in close liaison with the Water Department both incidents were investigated and a satisfactory supply restored. The results of the samples taken are as follows :—

BACTERIOLOGICAL

Fourteen samples of water were submitted to the Public Health Laboratory from dwelling-houses in the City for bacteriological examination, only one of which, taken as a result of a complaint by the occupiers, was found to be unsatisfactory. Subsequent investigation and action by the Water Department proved effective and a pure and wholesome supply was restored.

CHEMICAL

Five samples of water were submitted to the Public Analyst from dwelling-houses in the City for chemical examination. All five samples were satisfactory.

FLUORIDATION OF WATER SUPPLY

In Circular 1/66, the Ministry of Health asked Medical Officers of Health to give details of the action their Councils have taken in regard to Circulars 28/62, 12/63 and 15/65 in which fluoridation of the water supply was recommended.

The average fluoride content of Carlisle's water is 0.1 parts per million—a low level. I reported to you on this subject in June, 1962. In October of that year you reconsidered the matter after receipt of the report on the experiments carried out in the United Kingdom (Report on Public Health and Medical Subjects No. 105) and passed a minute recommending the raising of the fluoride level to 1 part per million.

The Water Committee having recommended the Council to take no action, the matter was again considered by you in November, 1962, when you—

- (a) re-affirmed your recommendation to raise the fluoride level to 1 part per million ;
- (b) instructed me to prepare a factual report for circulation to all members of the Council, and
- (c) resolved that the Ministry of Health be asked to initiate the necessary legislation to enable the fluoridation of water supplies to be carried out by the Water Authorities.

After various deferments and the receipt of much propaganda literature antagonistic to fluoridation, the Council on the 31st July, 1963, rejected your recommendations.

On receipt of Circular 15/65 you once again considered the matter and again recommended the Council to institute fluoridation of water supply and on your instructions I again circulated a report to the entire Council. At the Council Meeting held on the 5th October, 1965, your recommendation was again rejected and there the matter rests.

REFUSE COLLECTION AND DISPOSAL

The following is the report of the Director of Public Cleansing on the work of his section of the Health Department during the current year.

Refuse Collection

The scheme for the supply and maintenance of dustbins was continued throughout the year and although the renewal rate continues to remain very low in comparison to the total number of bins in use one aspect is beginning to cause some concern. This is the premature failure of bins due to the action of fire caused (in a small number of cases) by deliberate burning of refuse in the dustbin and in other instances brought about accidentally by hot ashes from all-night burning fires being placed in the bin. In all instances the attention of the householder is drawn to the importance of taking steps to avoid damage to the bins in this way, and whenever possible such action is taken in the early stages when deterioration of the bin is observed at the time of collection. Apart from damage to the dustbins, of course, there can be danger to the refuse collector if material in the bin is on fire at the time of collection and if smouldering material is delivered in the vehicle to the refuse tip considerable nuisance and expense is involved when the tip itself catches fire from this cause.

The change in the nature of the refuse collected continues to result in increasing the volume of the material with little effect upon the actual tonnage collected. After consideration of this matter the Committee decided to make provision in the estimates for a sum sufficient to replace one of the smaller vehicles with a larger capacity vehicle fitted with a packer plate to effect some compression of the refuse.

The refuse collection service operated at its normal frequency (four times weekly from the shopping area and twice weekly from domestic premises) throughout the year.

In February a further rear-loading dual-tip refuse collection vehicle was placed in service in substitution for one of the old side-loading types and at the end of the year the refuse collection fleet consisted of 18 vehicles and comprised 9 Karrier rear loaders, 4 Karrier side loaders, 4 S. & D. side loaders and 1 Karrier salvage lorry.

Statistics relating to the quantity of house and shop refuse collected are as follows :—

Number of loads	Estimated Weight
18,555	19,680 tons

Refuse Disposal—Controlled Tipping

Fully controlled tipping was the method of disposal of all refuse collected and this was carried out throughout the year on the Botcherby Brickworks site and on the school playing field at the rear of York Place, Upperby.

At Botcherby work was mainly concentrated on the most southerly end of the site where there were some pools that had resulted from the clay excavation and were a source of danger to children. These were completely filled before the end of the year, mainly by the use of inert material delivered to the site from

local industry followed by a final layer of house refuse to bring the levels up to requirements for playing field purposes.

Tipping operations at York Place brought the work on this site almost to completion. This is an extremely large area of land to be used by the Education Committee for school playing fields and preparation for the final cover was made by the delivery of many loads of soil placed in readiness for spreading.

In view of the short life expectancy of both York Place and Botcherby tips consideration was given to future tipping sites and negotiations were commenced with Messrs. Laing for the use of the disused claypit at Kingstown. This is a very extensive site and should serve the disposal needs of the City for a good number of years.

Refuse Disposal—Destructor Works

The small two-cell incinerator maintained for the destruction of animal matter and other materials unsuitable for disposal by controlled tipping continued to operate throughout the year.

The following statistics indicate the amount of refuse disposed of at the destructor works :—

Vegetable and miscellaneous	...	695 tons
Fish Offal	... ..	25 tons
Eggs and chickens	... ..	34 bins
Animal carcasses	... ..	1,650

Salvage Disposal

Waste paper continued in firm demand throughout the year but despite a certain amount of competition brought about by a small number of multiple stores disposing of their waste paper to private collectors the quantity collected by the authority was very little less than in the previous year.

So far as other forms of salvage are concerned, the demand and also the prices received continued to decline. This is a normal trend of the waste trade market in times of prosperity when the demand for new materials is high with a consequent drop in the demand for lower quality goods made from previously used materials.

The following statistics record the amount and nature of salvage recovered and sold during the year :—

		Tons	Cwts.	Qrs.
Waste Paper	...	1,333	8	1
Iron & Baled Tins	...	41	2	1
Other metals	...		2	1
Textiles	... ..	3	11	3
Bottles	... ..	1	2	0

HEALTH SERVICES

Laboratory Service

Close co-operation existed between the Director of the Public Health Laboratory, Dr. D. G. Davies and the two Consultants, Dr. J. S. Faulds and Dr. A. Inglis at the Pathological Laboratory.

Both these laboratories are situated at the Cumberland Infirmary. The Laboratory Service in Carlisle, both pathological and bacteriological, was built up from practically nothing by Dr. J. S. Faulds, who came to Carlisle from Glasgow in 1930. Carlisle Laboratory has always been characterised by its enthusiastic co-operation in the investigation of all types of problems, including those of a public health nature. The staff has gone out of its way over the years to assist us in the control of epidemics, investigation of individual cases, investigation of methods of washing-up in catering establishments, etc. Dr. Faulds retired from the service on the 31st December and was succeeded in the position of Senior Pathologist by Dr. A. Inglis. I should like to put on record the grateful thanks of all members of the Department to Dr. Faulds for his long and helpful service to the City and to wish him a very long and happy retirement. We would also like to extend a welcome to Dr. J. A. S. Amos, the recently appointed Consultant Pathologist.

Public Analyst

J. G. Sharratt, Esq., B.Sc., F.R.I.C., of Warrington, continued to act as Analyst for the City and details of the analysis of samples submitted to him are to be found in Section VII.

Registration of Nursing Homes

The only Nursing Home in the City is Durranshill House which is registered as a Mental Nursing Home for up to 65 sub-normal adult females.

Carlisle Crematorium

Your Medical Officer of Health, his Deputy and the full-time Assistant continued to act as Referee and Deputy Referees to the Municipal Crematorium.

SECTION III.
OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

The number of cases of infectious disease notified rose from 592 in 1964 to 1420 in 1965. The measles notifications were 1126 in 1965 as compared with 456 in 1964. 213 cases of dysentery were notified during the year, a marked increase on the previous year when there was only one. Table 4 sets out the number of cases by age groups.

TABLE 4.

DISEASES	Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages							Number of notified cases removed to hospital
				Under 1 year	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65 and upwards	
Scarlet Fever	28	—	28	—	10	18	—	—	—	—	—
Whooping Cough ..	9	—	9	—	6	3	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	1126	—	1126	46	643	432	4	—	1	—	—
Pneumonia	2	—	2	—	—	—	—	2	—	—	—
Acute Poliomyelitis :											
Paralytic	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ..	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—
Dysentery	213	—	213	10	69	64	14	46	7	3	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ..	2	—	2	—	—	—	1	1	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	1	—	1	—	—	1	—	—	—	—	1
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	1	—	—	—	—	—	1	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Respiratory	20	—	20	—	—	1	—	5	9	5	—
Meninges	—	—	—	—	—	—	—	—	—	—	—
Other	7	1	6	—	—	1	—	3	1	1	—
Food Poisoning	12	—	12	—	1	2	—	2	2	5	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1421	1	1420	56	729	522	19	59	21	14	1

Scarlet Fever

28 cases of Scarlet Fever were notified : no patient was removed to hospital : all recovered.

Whooping Cough

9 cases of Whooping Cough were notified and there were no deaths. This low number of cases no doubt results from the present practice of vaccination in infancy.

Measles

1126 cases of this disease were received as compared with 456 in 1964. Measles can be a serious disease and still tends to come in two year cycles. It can have severe complications. Vaccines have been developed and are at the moment being subjected to field trials.

Pneumonia

2 notifications of this disease were received during the year.

Puerperal Pyrexia

2 notifications of this disease were received ; one of which was in respect of a City resident.

Dysentery

This troublesome complaint was again prevalent during the latter part of the year. 213 notifications were received.

Food Poisoning

12 notifications were received during the year. 3 of these were in respect of a general outbreak due to Cl. Welchii which occurred on an outing to the Scottish Capital, and was the result of a meal partaken there. There was one other single case of Cl. Welchii.

A family outbreak consisting of 2 cases was due to Salmonella typhi-murium.

3 individual cases were all due to Salmonelli typhi-murium. One single case was due to Salmonella oranienburg probably contracted abroad and one case due to Salmonella californica.

The cause of the remaining case was not determined.

Para-typhoid Fever

There was an outbreak of milk borne para-typhoid B fever in Blackpool and a considerable number of Carlisle people were on holiday there at the time. One boy developed the disease on return to Carlisle, 3 other persons were found to be carrying the organism but none of these developed the disease.

The investigation and control of these gastro intestinal diseases make great demands on the time of your Medical Staff and Public Health Inspectorate.

VENEREAL DISEASES

I am indebted to Dr. H. J. Bell, Consultant Venereologist for the following report :—

In so far as the statistics of the local clinic in the city can be regarded as an indication of the trend of V.D. in this locality, the situation remains satisfactory. This clinic, of course, accepts numbers of patients from elsewhere, and it is these patients who have been responsible for the marked increase in the figures for gonorrhoea during the last three years or so.

Table 5 illustrates, at a glance, that the year to year variations in infections from Carlisle itself reveal no significant trends one way or the other. Although the figures refer only to cases treated at the clinic itself, and take no account of patients treated by their family doctors, or those who may receive treatment outside this area, they, nevertheless, suggest a surprisingly low incidence of venereal disease in our locality.

TABLE 5.

Year	1958	1959	1960	1961	1962	1963	1964	1965
Non-gonococcal urethritis	11	12	11	8	16	25	13	7
Gonorrhoea (males) ..	12	10	13	8	10	11	16	16
Gonorrhoea (females) ..	3	2	7	4	2	6	12	9
TOTAL	26	24	31	20	28	42	41	32

Table 6 is appended for interest, and demonstrates the wide catchment area that drains to this clinic. It represents all the new patients who applied for help, and includes both venereal and non-venereal conditions.

TABLE 6.

Town or Area of Origin	Number ^a of patients
Carlisle and Suburbs	105
Appleby	2
Brampton	3
Cleator Moor	1
Cockermouth	1
Distington	1
Dumfriesshire	24
Gosforth	1
Keswick	3
Kirkby Stephen	1
Longtown	4
Maryport	6
Penrith	22
Silloth	7
Spadeadam	1
Whitehaven	8
Workington	11
Others	43
TOTAL	244

The category of 'others' covers numbers of visitors, temporary residents, and a very significant number of lorry drivers. I begin to regard gonorrhoea almost as an occupational hazard for these men. Some of them I have treated many times over. It is not realised how many women of the prostitute type are continually on the move around the country. They haunt the wayside cafés used by lorry drivers 'hitching' lifts from here to there. In the tittle-tattle and gossip at table my Wednesday evening clinic has received a good deal of advertisement. I am all the happier that this is so, because Carlisle is a half-way stage, as it were, between

Scotland and England. I would feel even happier if some kind of notice were displayed in all the lorry-drivers' cafés in the Carlisle area. We don't do nearly enough to help these men, and I intend to make it my personal task this year to rectify this deficiency. They must be able to discover readily where and when they can apply for help and treatment.

Apart from the specific problem of lorry-drivers the more general problems of advertising treatment clinics to the general public has always proved difficult and unsatisfactory. In 1965 the Ministry of Health issued a circular (C.M.O./2/65) to local Medical Officers of Health, suggesting that local Health Authorities might display notices giving information about V.D. treatment in places where young people congregate, and also in places where the local Authority already displays posters on other subjects, e.g. in the entrance to Town Halls, Public Health Departments, or Public Libraries; in places where people could look at the poster and find from it the address of the V.D. clinic WITHOUT DRAWING ATTENTION TO THEMSELVES. The Post Offices were also asked to authorise the inclusion of the address of the local V.D. Clinic in the list of the local 'Addresses and Departments, and Organisations', which is displayed in all Post Offices.

This directive from the Ministry breaks new ground and will be a source of encouragement to all Venereologists. The system will take some years to mature, because the instructions are not mandatory and it may prove difficult to persuade those in charge of establishments, such as Youth Clubs and Libraries to accept such notices: but with time and goodwill the clinics will be efficiently advertised eventually. Dr. Rennie has made a further very useful suggestion that the Public Health Department should erect notice boards in the City's public car parks to give information on general health matters and that V.D. should find a place among these general advertisements. I regard this as an excellent idea.

SECTION IV.

TUBERCULOSIS AND OTHER
CHEST CONDITIONS
AND
MASS RADIOGRAPHY

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

Introduction

The chest centre statistics for 1965 show comparatively little alteration from those of 1964. The number of new cases of active pulmonary tuberculosis has again declined—34 compared to 42 in 1964. The active tuberculosis register for the whole of the area covered by the East Cumberland Hospital Management Committee area numbers 424, but, if one includes the numbers of cases of tuberculosis presumed healed but still under supervision, this figure amounts to 1248. Of the 34 new cases of pulmonary tuberculosis the diagnosis was confirmed bacteriologically in 50%. 10 new cases of non-pulmonary tuberculosis were notified compared to 12 in 1964. There is evidence, however, that this is not a true picture as we have continuing evidence of failure to notify some non-pulmonary tuberculous disease. This is a great pity as it hampers the chest centre investigation of contacts and the possible finding of an infectious case.

The picture as far as lung cancer is concerned is also a little more hopeful. Last year only 54 new cases came to our notice compared to 80 new cases in 1964. Of the new cases, 7 were admitted to the Thoracic Unit for surgery, whilst in the remainder palliative treatment of one kind or another was used. The Cytotoxic Drug Therapy Trial in bronchial carcinoma still continues but it will be some time yet before any conclusions from this can be drawn. The death rate from bronchial carcinoma remains high. Whilst the number of new cases of bronchial carcinoma has diminished, there has been, unfortunately, an increase in the number of cases of cancer of other sites presenting with secondary manifestations in the chest, chiefly pleural effusions. The most common primary site of these latter cases has been in the breast.

Bronchitis, emphysema and asthma are the chief conditions found in patients coming to the chest centre. Many patients present no chest abnormality radiologically but are usually referred because of a recent infective illness or because of some urgent symptoms such as haemoptysis. Haemoptysis is a frequent indicator of chest disease, and as such should be regarded seriously until clinical and x-ray examinations, and perhaps even bronchoscopic examination, have excluded the possibility of pathology. Once this has been done there is usually no need to keep such patients under continuous supervision.

Chronic bronchitis remains the chief pulmonary cause of morbidity amongst the population. 'Colds' which include both bacterial and viral causes and are often interpreted as such when the chronic bronchitic has his recurrent attacks, are responsible for roughly a quarter of the total incapacity for work in this country. The infective element super-added to the hypertrophy of the mucus secreting structures of the bronchial tree with its

excessive secretion soon results in a greater or lesser degree of endo-bronchial obstruction. The majority of the chronic bronchitic patients when first seen at the chest centre already show symptoms and signs of endo-bronchial obstruction, and treatment is long and arduous and not always successful.

Cigarette smoking is deeply involved not only in the aetiology of both bronchial carcinoma and chronic bronchitis but also in peptic ulcer and coronary thrombosis. The evidence for the relationship of smoking and chronic bronchitis has been well summarised in the past in reports both in this country and in America. Cigarette smokers have more frequent recurrent infections and more frequent symptoms such as cough and sputum, and altogether have diminished respiratory reserves as shown by spirometry tests. Smokers die of chronic bronchitis and emphysema six times more frequently than non-smokers. *To stop smoking cigarettes is the single most effective measure* in the prevention of chronic bronchitis and bronchial carcinoma. There are two essentials, a convinced doctor and a determined patient. Our experience suggest that one can induce one in three patients to stop smoking just by advising them to do this. For a patient merely to cut his cigarette consumption to a lower level is not at all satisfactory ; as often as not, in a short time, his consumption gradually reaches its previous level. Anti-smoking clinics and campaigns have so far shown little success. Perhaps more intensive education of school children on the relationship of cigarette smoking to lung cancer and chronic bronchitis might be more rewarding. (See page 51).

Sarcoidosis, other collagen diseases, and 'Farmer's Lung' are responsible always for an appreciable number of patients. The aetiological problems of sarcoidosis, particularly with reference to the Mantoux test, are becoming more complicated. There appears to be some association between a positive Kveim test which has been claimed as specific of sarcoidosis and persistent negative Mantoux test after B.C.G. vaccination. The Kveim test itself is subject to marked variations when different observers assess whether this test is positive or negative. There are a certain number of children who have attended the chest centre and who have had B.C.G. at school who have failed to convert from Mantoux negative to Mantoux positive. We have not so far, however, carried out any Kveim tests on these children.

'Farmer's Lung' has been scheduled as an industrial disease since last summer and the diagnosis of this condition can be fairly easily established on clinical and laboratory evidence. Unfortunately there does not appear to be any specific cure for this disease and prevention is not entirely easy. The condition is essentially an allergic reaction to an organism which is common in musty or dusty hay or other cereals.

Pepys, who has placed the diagnosis of the condition on a sound footing has since shown that similar allergic reactions occur in persons who keep budgerigars and pigeons where the person becomes allergic to antigens in the excreta of the birds. This

condition, known as 'Bird Breeder's Lung' or 'Bird Fancier's Lung' can be diagnosed by precipiten tests in much the same way as 'Farmer's Lung'. These hypersensitive states are entirely distinct from asthma and are often difficult to recognise. 'Farmer's Lung' appears to be particularly common in the Westmorland and Penrith parts of this area. In many cases the clinical history is strongly suggestive of the condition but when a patient first attends at the chest centre the x-ray may be entirely negative. Masks have been advised for use whilst working in dusty hay but these are not entirely satisfactory as the spores of the organisms concerned are only one micron in diameter and this size makes it very difficult for an effective mask to be produced. 'Farmer's Lung' and 'Bird Fancier's Lung' essentially involve the peripheral regions of the bronchial tree rather than the bronchi themselves which are involved in asthma.

The total number of patients seen at the chest centre last year dropped from 12,082 to 11,036, this decrease being almost entirely accounted for by the decreased number of tuberculosis contact examinations. We now only have four sessions of physiotherapy time, and full use is made of these facilities.

The static mass radiography unit has continued to function continuously throughout the year. The number of persons passing through this unit number 6,202 compared to 4,716 in 1964. This unit was responsible for detecting 7 cases out of the 34 new cases of pulmonary tuberculosis seen during 1965, and for 9 cases out of the 54 cases of bronchial carcinoma.

TUBERCULOSIS

Table 7 shows the number of notifications throughout England and Wales for 1965 and the preceding five years.

TABLE 7

Year	Pulmonary	Non-Pulmonary
1960	21,129	2,861
1961	19,187	2,728
1962	17,973	2,685
1963	16,355	2,608
1964	15,026	2,581
1965	13,552	2,550

Table 8 shows the number of primary notifications of tuberculosis by age, sex and type received by the Medical Officer of Health during the year.

TABLE 8.

Number of Primary Notifications of New Cases of Tuberculosis									
Age Periods	0-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & upwards	Total (all ages)
PULMONARY									
Males ...	1	—	—	1	3	2	4	3	14
Females ...	—	—	—	—	1	2	1	2	6
NON-PULMONARY									
Males ...	—	—	—	—	2	—	1	—	3
Females ...	1	—	—	1	—	—	—	1	3

Table 9 shows the number of notifications in the area covered by the East Cumberland Hospital Management Committee area for the past ten years.

TABLE 9.

	CARLISLE CITY		EAST CUMBERLAND		NORTH WESTMORLAND		TOTALS	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1956	65	8	54	10	8	2	127	20
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20
1961	28	9	28	8	2	1	58	18
1962	26	—	23	2	3	1	52	3
1963	19	4	18	5	—	1	37	10
1964	14	6	25	6	3	—	42	12
1965	20	4	14	5	—	1	34	10

The programme of therapy in tuberculosis remains as in previous years. No new drugs have been introduced. The number of cases of tuberculosis with organisms resistant to the main drugs at the end of the year total 3. There have been no new cases of tuberculosis found in immigrants in the area.

Table 10 gives the number of pulmonary and non-pulmonary cases on the clinic register at the end of 1965 for the three local authority areas in the East Cumberland Hospital Management Committee area.

TABLE 10.

Carlisle City		East Cumberland		N. Westmorland		Totals	
Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
178	29	177	21	16	3	371	53

Contact work has greatly diminished during the year ; as the number of new cases of pulmonary tuberculosis has declined so have the number of contact examinations. In addition, older contacts and particularly those who have been vaccinated successfully with B.C.G. vaccine, are now only seen at two or four yearly intervals.

Table 11 shows the number of chest beds available with the number of discharges for 1965 and 1964.

TABLE 11.

Hospital	Beds available	No. discharged in 1965	No. discharged in 1964
Ward 18, Cumberland Infirmary	14	271	281
Longtown Hospital	26	141	132
Blencathra Hospital	11	43	58

NEOPLASM

Table 12 shows the number of new cases of cancer of the lung seen at the chest centre during 1965 and the previous nine years. Of the 54 cases coming to our notice during 1965 only 7 were found, after investigation, to be fit for surgery, and thus only palliative treatment was possible for the other 47.

TABLE 12.

Year	Carlisle City	East Cumberland	North Westmorland	Total
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60
1963	34	36	4	74
1964	36	38	6	80
1965	26	26	2	54

MASS RADIOGRAPHY UNIT

(NOTE :—Figures given in brackets throughout the report relate to the corresponding figures for 1964).

15,296 (23,663) persons were examined by the Units during the year and of these 687 (698) were referred for clinical examination.

Table 13 shows the number of abnormalities revealed during 1965 throughout the whole of the Special Area.

TABLE 13.

	No. of cases found	Percentage of total examined
ABNORMALITIES REVEALED		
(1) Non-tuberculous conditions :		
(a) Bronchiectasis	13 (27)	.08 (.11)
(b) Pneumoconiosis	8 (15)	.05 (.06)
(c) Neoplasm	17 (23)	.11 (.10)
(d) Cardiovascular conditions	49 (57)	.32 (.24)
(e) Miscellaneous requiring investigation	7 (11)	.05 (.05)
(2) Pulmonary tuberculosis :		
(a) Active	22 (20)	.14 (.08)
(b) Inactive requiring supervision	65 (43)	.42 (.18)

Table 14 gives an analysis of the work of the mobile unit divided into the East and West Cumberland areas.

Table 15 gives an analysis of the work of the Static Unit in Carlisle, the Static Unit at the West Cumberland Hospital and the work of the mobile unit while operating in a static role at Workington Infirmary.

TABLE 15.

STATIC UNITS	CARLISLE						WHITEHAVEN						WORKINGTON										
	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis	Bronchiectasis	Neoplasms	Cardiac Conditions	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions	Miniature Films	Clinical Examinations	Active Tuberculosis	Inactive Tuberculosis	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions
Doctors' cases	2,651	277	6	8	9	8	19	743	53	2	11	1	1	4	2	1,054	55	4	13	—	4	1	3
Contact cases ...	153	2	—	—	1	—	—	99	6	—	1	—	—	—	—	46	1	—	—	—	—	—	—
General Public ...	1,920	91	1	3	1	1	8	990	15	2	2	—	—	1	2	1,418	28	—	5	—	2	—	—
Hospital Outpatients ...	—	—	—	—	—	—	—	990	33	3	8	—	1	—	1	—	—	—	—	—	—	—	—
Employees ...	1,414	44	—	1	—	—	3	893	17	1	6	—	—	—	—	115	1	—	—	—	—	—	—
Students ...	64	1	—	—	—	—	—	171	7	—	—	—	—	—	—	63	1	—	—	—	—	—	—
TOTALS	6,202	415	7	12	11	9	30	3,886	131	8	28	1	2	5	5	2,696	86	4	18	—	6	1	3

Table 16 gives the relative figures as between East and West Cumberland for the past eight years.

TABLE 16.

Year	EAST CUMBERLAND						WEST CUMBERLAND					
	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis
1958	40	153	10	321	27	2	16	81	4	90	16	125
1959	33	40	13	241	37	3	14	24	4	39	15	71
1960	21	11	19	120	19	2	18	21	7	23	9	52
1961	20	11	24	144	23	4	13	20	5	24	10	42
1962	24	14	25	71	22	2	12	63	9	18	19	60
1963	17	4	21	67	27	6	8	58	3	23	18	37
1964	13	7	16	47	22	1	7	36	7	10	5	14
1965	10	15	9	40	12	—	12	50	8	9	1	8

Table 17 refers solely to the area covered by the East Cumberland Hospital Management Committee and shows the number of new cases of neoplasm discovered.

TABLE 17.

	1958	1959	1960	1961	1962	1963	1964	1965
No. of cases of neoplasm seen at Chest Centre	59	59	54	64	60	74	80	54
No. discovered by M.M.R.	10	13	19	24	25	21	16	9

COMMENTS

Statistics for 1965 do not show any material alteration from those in 1964. The number of new cases of pulmonary tuberculosis is practically static while the number of new cases of pulmonary carcinoma found by the mass radiography units has dropped. This latter finding is similar to that at the Chest Centre where the total number of new cases of bronchial carcinoma for 1965 has dropped compared to the previous two years.

It should be remembered that the commoner chest condition—chronic bronchitis—often reveals no radiological abnormality

and the fact that a person with chronic bronchitis does get a normal x-ray report should not deter him or his doctor from seeking further advice on the treatment of his condition. I call attention to this as many patients with a chronic cough and sputum appear to be completely reassured on the receipt of a normal x-ray report. I would stress, however, that all patients with a chronic cough and sputum should have a periodic x-ray examination to exclude more sinister pathology. Naturally, such patients should consult their own medical practitioners in the first place.

The mobile x-ray unit now operates at Workington Infirmary four days each week and there have been no operational changes compared to last year.

W. HUGH MORTON,
Consultant Chest Physician.

SECTION V.

SERVICES PROVIDED UNDER PART III.

OF THE

NATIONAL HEALTH SERVICE ACT,

1946, AND THE

MENTAL HEALTH ACT, 1959

SERVICES PROVIDED UNDER PART III. OF THE NATIONAL HEALTH SERVICE ACT, 1946, AND THE MENTAL HEALTH ACT, 1959

These services encompass a wide variety of activities undertaken by the Local Health Authority and are complementary to those provided by the Hospital Board and Executive Council.

CARE OF MOTHERS AND YOUNG CHILDREN

Section 203 of the Public Health Act, 1936, provides for the early notification of births to your Medical Officer and in 1965 the number of notifications received was 2,079. This is a decrease of 6 on the previous year. 829 of the children were born to parents who normally reside outside Carlisle. Of the City births 1223 were live births and 27 stillbirths.

Ante-Natal Clinics

Most mothers having their first babies have hospital confinements and attend the hospital ante-natal clinic for exercises, etc. The great majority of women having domiciliary confinements are therefore multipara; they book a G.P. obstetrician and attend the Council's ante-natal clinic at Eildon Lodge which is staffed by Midwives and Health Visitors and classes for relaxation and mothercraft are held but unfortunately these are not well patronised by multipara. Each mother, unless she does not wish, is examined by one of the Council's Dental Officers on the occasion of her first or failing that her second visit and advised regarding any necessary dental treatment which she can elect to have carried out at the clinic or by her general dental practitioner.

Post-Natal Clinics

Post-natal examinations were not conducted at the Council Clinic. All these examinations took place in the surgery of the General Practitioner Obstetrician or in the patient's home and when practitioners had difficulty in arranging such examinations the District Health Visitor called and endeavoured to get the patient's co-operation.

Provision of Maternity Outfits

Each of the expectant mothers booked for domiciliary confinement was issued with a maternity outfit and additional dressings, when necessary, were provided.

Family Planning

The Council does not provide directly a family planning clinic but it makes the clinic at Eildon Lodge available free of charge to the family planning association which holds a clinic each Wednesday afternoon and occasionally on another afternoon if the work necessitates this. Ladies are seen by appointment.

Care of Premature Babies

An infant weighing 5½-lbs. or less at birth is considered to be premature. The number of babies in this category who were born in the City during 1965 was 71, 70 in hospital and 1 at home. The baby born at home was removed to the premature baby unit at the City Maternity Hospital in a special incubator. The incubator, which is stored at the City Maternity Hospital is the joint property of the Hospital Authorities, Cumberland County Council and the City Council.

The number of premature still births was 15 and all but one were born in hospital.

The normal good relations between the Council's staff, General Practitioners and the Hospital staff in the care of these babies was maintained during the year.

Notification of Congenital Abnormalities

Since the 1st January, 1964, a register has been kept of information received by me from Medical Practitioners and Midwives of malformations which were observed at the time of birth. This information has been sent to me on the birth notification card which is enclosed in a sealed envelope, and has been given in respect of all births, live and still. The Health Visitors have given immediate and regular home supervision and assistance to these children. Details of these malformations have been recorded on a special form provided by the General Register Office and sent to the Registrar General.

The number of children who were found by doctors and midwives to have defects at birth and notified to me in 1965 was 35. Of these 11 referred to children of mothers whose residence was outside the city area, and the information was transferred to the Medical Officer of Health of the area concerned. The total number of Carlisle children with defects was 24 and the following is an analysis of the defects notified.

CENTRAL NERVOUS SYSTEM					
Defects of spinal cord ... ..	...	...	...	...	1
Spina bifida ... ..	...	...	...	...	3
Encephalocele ... ..	...	...	...	...	1
Anencephalus ... ..	...	...	...	...	1
Hydrocephalus ... ..	...	...	...	...	2
Other defects of spinal cord ... ..	...	...	...	...	1
EYE, EAR					
Defects of ear ... ..	...	...	...	...	1
ALIMENTARY SYSTEM					
Cleft palate ... ..	...	...	...	...	1
URO-GENITAL SYSTEM					
Other defects of male genitalia ... ..	...	...	...	...	1
LIMBS					
Defects of lower limbs ... ..	...	...	...	...	1
Talipes ... ..	...	...	...	...	9
Dislocation of hip ... ..	...	...	...	...	1
Polydactyly ... ..	...	...	...	...	1
OTHER SKELETAL					
Other defects of spine ... ..	...	...	...	...	1
OTHER SYSTEMS					
Vascular defects of skin ... ..	...	...	...	...	1

Child Welfare Clinics

The following is a list of the sites of the Child Welfare Clinics and the days on which the Clinics are held.

- (1) Eildon Lodge Clinics—Monday & Thursday afternoons—weekly.
- (2) Upperby Church Hall—Tuesday afternoons—weekly.
- (3) Harraby Church Hall—Tuesday afternoons—weekly.
- (4) Wigton Rd. Methodist Church Hall—Wednesday Mornings—weekly.
- (5) St. Mark's Church Hall—Alternate Wednesday afternoons.
- (6) Morton Manor—Alternate Wednesday afternoons.

The new clinic at Morton Manor was opened on 20th October, 1965, and is held on alternate Wednesday afternoons.

The number of children who attended these clinics and the attendances they made are shown below.

No. of children who attended Centres during the year	...	...	3019
No. of children who attended Centres and were born during:—			
1965	...	...	922
1964	...	...	809
1960-63	...	...	1288
Total number of attendances made by children who attended the Centres	...	...	14144

Distribution of Welfare Foods

The arrangements for the provision of welfare foods (national dried milk, concentrated orange juice, cod liver oil, vitamin A and B tablets) continued unchanged. The foods were available from the distribution centre at the Civic Centre during office hours throughout the week, except Monday and Thursday afternoons when they were obtainable at the Infant Welfare Clinics at Eildon Lodge. Proprietary Foods were also available at the Clinics when ordered by the doctor.

Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children

Report by Mr. H. W. FREER, Principal Dental Officer.

The trend of last year has again been repeated in this field of work with a slight fall in the number of 'Mothers' and a steady rise in the number of pre-school children who attended. The letter to all parents of three year old children is having some effect and more parents are bringing the pre-school children for examination regularly. It was good to note that quite a good percentage did not need treatment but they had an 'introduction to the chair' and arrangements were made to see them again. This should pay good dividends later in many ways. The increase in the time spent on dental health education and increasing use of posters and pamphlets must have some beneficial effects in the future.

The equivalent of 90 sessions was spent by the dental officers on this work. A reference to the tables 18 and 19 shows 156 mothers and 167 pre-school children were examined, 56 fillings and 83 extractions were done for mothers and 139 fillings and 153 extractions for the pre-school children, 32 of the former and 76 of the latter class were completed. Two mothers were X-rayed but were not referred to the Oral surgeon. My thanks are due to the staff who appreciate the importance of this work and to the Health Visitors who are delivering the prepared letter to the parents of 3 year olds.

TABLE 18

(a) DENTAL TREATMENT—NUMBER OF CASES

	Number of Persons examined during the year	Number of Persons who commenced treatment during the year	Number of Courses of treatment completed during the year
Expectant and Nursing Mothers	156	52	32
Children aged under 5 years and not eligible for school dental service ...	167	120	76

TABLE 19

(b) DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extrac- tions	General Anaesthetics	Dentures provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	24	56	—	—	83	11	18	7	2
Children under Five	—	139	—	—	153	64	—	—	—

Day Nursery

The Raffles Day Nursery was originally opened to encourage mothers to go to work during the second World War. It now fills a medico-social function. Priority of admission is given to the children of unmarried mothers, widows, divorcees or where the mother is ill or there are other adverse environmental factors. Lonely children, those with developmental difficulties and those suffering from lack of training in the home are also admitted. The vacancies remaining when these needs have been met are given to the children of married couples where both parents have to go out to work. Originally intended as a 50 place Nursery it is at present staffed to take up to 40 children. The average daily attendance during 1965 was 30. The charge per child varies from 2s. 6d. to 10s. per day.

Nurseries and Child Minders Regulations Act, 1948

The number of persons registered under the above Act and in operation at the end of the year was 5. One person was authorised to receive into her own home 8 children under the age of 5 years, another was registered to take in 8 between the ages of 1 and 5 years, another to admit 10 children between 3 years and 5 years, and two to receive 10 children between the ages of 2 and 5 years. All of these homes were visited periodically during the year.

Mother and Baby Homes

The Carlisle Corporation continued the arrangements with the two voluntary organisations for the admission and care of unmarried mothers and illegitimate children.

The Carlisle Diocesan Council for Social and Moral Welfare maintains two establishments, St. Monica's Home, Kendal, where unmarried mothers are admitted, have their babies and remain for a period of resettlement after confinement, and Coledale Hall, Carlisle, which offers shelter to the mother before confinement and to the mother and child after confinement in hospitals.

The Lancaster Diocesan Protection and Rescue Society has a similar Home at Brettargh Holt, near Kendal, to which Catholic mothers are admitted and where the confinement takes place.

The number of Carlisle cases admitted to these Homes during the year is shown in the following table.

TABLE 20

1965	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers	4	9	1
Number of weeks residence	24	118	13

In addition to the mothers who were admitted to the above Homes this Authority accepted responsibility for one mother admitted to a Salvation Army Maternity Home in Newcastle, one in a Home for Mothers and Babies in London and three who had their babies in Elswick Lodge, Newcastle.

The Social Workers of the Carlisle Diocesan Council act as Welfare Workers on behalf of the City Council for the care and protection of illegitimate children and in 1965 dealt with the following cases.

TABLE 21

Unmarried Mothers	...	...	...	...	...	59
Married women with an extra marital child	...	...	...	...	...	4
Adoption enquiries	...	...	...	...	...	6
Behaviour problems	...	...	...	...	...	2

MIDWIFERY SERVICE

The number of domiciliary confinements in 1965 was 191; this is a decrease of 50 on the 1964 figure.

This decrease is the result of the modern tendency for mothers to favour hospital confinement, but this trend may well be reversed when George Street Maternity Home is demolished preparatory to the construction of the relief road.

Table 22 shows the number of deliveries attended by the district midwives during 1965.

TABLE 22

	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	—	—	11	180	191	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.	—	—	—	—	—	1861
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS	—	—	11	180	191	1861

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' board and are supplied with Minnitts gas and air apparatus.

This form of analgesia was administered in 154 cases and pethedine in 66 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives Act, 1951, on 67 occasions.

Supervision of Midwives

Dr. Wilson continued to act as Medical Supervisor of Midwives until he left Carlisle at the end of October and from then until the end of the year Dr. Proudler took over the role. The number of midwives who notified their intention to practice during the year was 6 domiciliary and 44 in hospitals.

General Practitioner Obstetricians

The number of General Practitioner Obstetricians on the list of the Carlisle Executive Council at the end of the year was 42.

HEALTH VISITING

At the end of the year there were 13 Health Visitors in post and 2 students on a course of training in Aberdeen. The attachment of Health Visitors to general practices, which was commenced in October 1964 by attaching 2 Health Visitors to one of the large group practices in the City, was extended in 1965. Not all the doctors wished to have a Health Visitor attached to their practice. When, however, Health Visitors were allocated to those practices wishing attachment it was found that the remaining Health Visitors had such extensive geographical districts that it was as easy to allocate them provisionally to certain practices and this was done. If other practitioners subsequently request Health Visitor attachment it will be possible to grant the request without a major re-organisation of districts. The Health Visitors who have been attached to a group practice since 1964 consider that there are advantages in this "modus operandi", but it will take some considerable time yet before those who were attached in 1965 have got settled and we can draw up a balance sheet showing the advantages and disadvantages.

The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—

First visits	...	...	...	...	...	...	...	...	216
Total visits	...	...	...	...	...	...	...	...	371

Visits to children born in 1965—

First visits paid by a H.V. after birth of a child born in 1965	1300
Total visits paid by a H.V. after birth of a child born in 1965	4604

Visits to children born between 1960 and 1964—

Total visits	13786
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Visits to other cases in respect of—

Hospital After-care requests	222
Old People (care and after-care)	1524
Infectious Diseases	...	...	...	...	...	...	...	7
Miscellaneous visits	...	...	...	...	...	...	...	919

2672

In addition the Health Visitors paid visits as under—

To Child Welfare Clinics	...	...	...	...	...	...	...	649
To Day Nurseries	...	...	...	...	...	...	...	4
To Ante-Natal, Mothercraft and Relaxation Classes	...	...	...	...	...	...	...	61

HOME NURSING

A staff of 1 Superintendent, who is also Superintendent of midwives and 9 nurses including one male nurse, were responsible for the home nursing of sick people in the City. Motor transport is provided. The number of patients attended by the district nurses in 1965 was 1279; 31 less than in 1964, but the number of visits increased from 33,032 to 34,487.

The types of cases referred to and attended by the staff were :

Medical	...	...	...	...	...	1070
Surgical	...	...	...	...	...	196
Tuberculosis	...	...	...	...	...	11
Maternal complications	...	...	...	...	...	2

The ages of the patients visited were :

Under 5 years	...	...	...	...	...	19
Over 65 years	...	...	...	...	...	739
Others	...	...	...	...	...	521

VACCINATION AND IMMUNISATION

The protection of individuals, particularly children, against communicable disease by vaccination and immunisation is a very important function of the Health Department. Much administrative and professional time is taken up in the execution of this work but it is gratifying to note that there is a good public response to our efforts.

Smallpox Vaccination

There was a decrease in the number of vaccination records received from Medical Practitioners during the year, but the total number of vaccinations for 1965 showed an increase. The number of Medical Practitioners who took part in the Local Authority's scheme was 38 and the work done by them and your own medical staff at clinics is shown below.

By Practitioners :

Primary vaccinations	...	...	...	...	...	367
Re-vaccinations	...	...	...	...	...	34

At Local Authority Clinics :

Primary vaccinations	...	...	...	...	...	377
Re-vaccinations	...	...	...	...	...	2

At Cumberland Infirmary :

Primary vaccinations	...	...	...	...	...	14
Re-vaccinations	...	...	...	...	...	206
Total Primary	...	...	...	...	...	758
Total Re-vaccinations	...	...	...	...	...	242

Diphtheria Immunisation

It is very gratifying to report that no case of diphtheria has been notified in the City during the past 16 years. This record, however, should not cause us to be complacent and relax in our efforts to have every child immunised. It has to be remembered that while this disease is no longer epidemic in this country small localised outbreaks, some involving fatal cases, continue to occur. The number of Medical Practitioners taking part in the Local Authority's scheme is 36 and the number of immunisations carried out by them and your own medical staff during 1965 was as follows :—

		Under 5 years	Five years and over
By Private Practitioners :			
Complete Course	... ..	248	8
Re-inforcing dose	... ..	90	290
At Clinics :			
Complete Course	... ..	557	7
Re-inforcing dose	... ..	347	1335

Prevention of Tetanus and Whooping Cough

This immunisation is almost always given as triple antigen. Vaccination against tetanus alone was available at the Council's Clinics, especially for children of school age not previously immunised against tetanus. The number of children receiving protection against whooping cough was 1344 and against tetanus 1690.

B.C.G. Vaccination

There was a substantial decrease in the number of children who were skin tested and given vaccination in 1965 as compared with the two previous years. The reason for the decrease was that children of one age group, namely 12 year olds were tested and vaccinated whereas in the years 1963 and 1964 the figures included the 12 year old group and some 13 year old children. In all cases the children were given a Mantoux Test and only those who gave a negative response received the vaccination. This vaccination is carried out at the Local Authority's Clinics by members of the medical staff of the department.

The number of children dealt with is given below :

(i) No. of children skin tested	... ..	823
(ii) No. of above who gave positive reaction to Mantonx Test	... ..	33
(iii) No. who received B.C.G.	... ..	736

Vaccination against Poliomyelitis

I am pleased to be able to record that there was an increase in the number of persons vaccinated against Poliomyelitis during the year, although this was probably due to an outbreak of the disease in Blackburn. During this outbreak special clinics were held in the City and many people in the older age groups attended for initial courses of treatment and large numbers came for re-inforcing doses. Visits to one factory and one large store in the City were made to carry out vaccination of the employees during working hours. The sudden activity during such an outbreak is usual, but at all other times it is necessary to stress continually the importance of this vaccination to parents and all others concerned. The Sabin oral vaccine is available at all infant welfare clinics and an open clinic is held monthly for other age groups. The acceptance rate for children has again shown improvement, and at the end of 1965 77 per cent. of Carlisle children born during 1964 had received an initial course of treatment. The comparable figure for England and Wales was 65 per cent.

Table 23 shows the work undertaken in connection with poliomyelitis vaccination during the year. This includes vaccinations done by general practitioners, who were paid fees amounting to £418 during 1965.

TABLE 23

	Persons Vaccinated		
Children born 1965	233
Children born 1964	747
Children born 1963	141
Children born 1962	60
Children born 1958-61	132
Others under 16 years of age			80
Other Age Groups	1049
			<hr/> 2442 <hr/>
No. of persons receiving re-inforcing doses	...		2644

Yellow Fever Vaccination

The number of persons who received yellow fever vaccination during 1965 was 327. These vaccinations were carried out by appointment at the Yellow Fever Vaccination Centre, 2 George Street, which operated at 11-00 a.m. on Mondays and Thursdays throughout the year. A charge of 12/6 was made for each vaccination.

AMBULANCE SERVICE

The Fire and Ambulance service continued to operate as a combined service. The ambulance fleet consists of 5 ambulances, 1 sitting case car (20 seats), 3 ambulance/sitting case cars (10 seats) and 1 ambulance/sitting case car (12 seats). All of these vehicles are fitted with radio.

The calls attended, journeys completed and patients conveyed together with the mileage recorded is shown in Table 24.

TABLE 24

	Patients		Journeys	Mileage
City Removal to Local Hospitals	...	12,195	11,402	27,815
City Cases to Distant Locations	...	946	808	35,331
Other Cases to Distant Locations	...	261	247	5,986
Hospitals to home (City)	...	10,819	10,112	22,202
City Hospitals to County Areas	...	43	40	1,982
County to Local Hospitals	...	—	—	—
Hospital Transfers :—				
(a) City Patients	...	844	743	2,293
(b) Non-City Patients	...	39	33	106
Schools	...	6,611	426	5,429
Other Journeys	...	15,295	879	12,540
Emergencies	...	1,062	924	4,490
Miscellaneous	...	—	482	1,334
		<hr/> 48,115 <hr/>	<hr/> 26,096 <hr/>	<hr/> 119,508 <hr/>

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Tuberculosis After Care Committee which is a Sub-Committee of the Health Committee is responsible for matters affecting the care and after care of tuberculous patients. This Committee meets when convened, and the Chest Physician attends to report on matters concerning City Patients. On the recommendation of the Chest Physician nourishment in the form of eggs, milk, fish, etc., are supplied to tuberculous patients. For some years now a sum of money has been sent to the Medical Officer of Health by the Cumberland Friends of Sanatoria Patients to provide parcels at Christmas for some twenty patients suffering from tuberculosis. These gifts are much appreciated by the recipients.

Tuberculin (Mantoux) testing of six year old children continued as in previous years. 634 children were so tested. 6 of them gave a positive result. These were referred to the Chest Physician for a full investigation. None were found to have active disease.

Cervical Cytology

A Cervical Cytology Clinic was established at Eildon Lodge Clinic. Two sessions per week were held on Monday evenings and Friday afternoons. It is staffed by two ladies who have nursing and midwifery qualifications, but are not practising midwives. Clerical assistance is provided by central office.

The clinic commenced on the 28th June 1965 and from then until end of year 685 Carlisle women attended for examination and among them 5 cases of early cancer were detected. In addition 112 women from other areas were examined but none of these were found to have early cancer. There is an appointment system and appointment cards are available from Health Visitors, Nurses, Midwives, at all clinics and at the Civic Centre.

Other Diseases

The Staff of the Department co-operated with Hospitals and General Practitioners in this work.

The work in regard to geriatric and other patients has been continued by the Health Visitors and District Nurses, helped where necessary by the Social Workers. The Health Visitors made 1746 visits to persons in need of care and after-care, and included in this total was 1524 aged persons. 101 of the aged persons had requested Part III accommodation.

Provision of Nursing Equipment

This service continues to be much used by the public and during the year 579 articles were issued to patients in their own homes. The articles supplied consist of such items as bedpans, backrests, air rings, wheelchairs, rubber sheeting, etc. A small charge is made on each article and the amount varies with the value of the piece of equipment. This equipment is stored and issued from the Health Department, Civic Centre.

Incontinence Pads

Since 1964 incontinence pads have been supplied to patients who require them. Although all requests are channelled through the Superintendent of District Nurses it is not necessary for a patient to be receiving the services of a District Nurse in order to qualify for pads if the medical practitioner so recommends. The pads have been found to be not only of benefit to the patients but save a great deal of time on behalf of the nurses and in the laundering of soiled bed linen. There is some evidence that the issue of these pads may have contributed to incontinent patients being nursed at home who would otherwise have been referred to hospital.

Protective pants with interliners were provided to incontinent subnormals and mentally ill patients with beneficial results.

The disposal of the pads and interliners has not presented any difficulty. Where possible they have been burnt, but in other cases, suitably wrapped, they have been collected by the refuse collectors without complaint.

Convalescent Treatment

The City Council allows a sum of money to provide convalescent treatment, usually for a period of 2 weeks, at Silloth Convalescent Home for a limited number of persons who are considered by their doctor to need a rest, and are unable to meet the full cost of the treatment. They are assessed on their income and during the year 23 persons benefited under this scheme.

Health Education

During the year many talks were given to parents' clubs, young wives' clubs and similar groups on a variety of Health Education subjects by members of the staff of the Department. A mobile Health Education trailer was acquired on loan from the General Dental Council and during a period of 10 days in October it was placed on 4 selected school sites in the city, and a programme arranged which enabled children from all schools to visit the exhibition. During the period the exhibition was open 2,000 children aged 8 to 13 years passed through and were given talks on dental hygiene, etc. Dental health and hygiene material was also on display on a stand at a trade fair held in the city. The staff of the Council's dental service gave advice on dental hygiene to parents and children at the dental clinics and in schools. Posters and leaflets on dental health education supplied by the Ministry of Health, General Dental Council and the Central Council for Health Education were extensively used in clinics and schools.

For the fourth year in succession medical and health visiting staff have visited junior and secondary schools in the City and have given lectures and shown films in a campaign against smoking. The films shown and the literature distributed are selected to suit the ages of the classes under instruction. No organised Health Education talks on the subject of venereal disease were given during the year.

Prevention and Break-up of Families

A considerable volume of work is done by various members of this Authority to prevent the break up of families. Within the department itself there is very close co-operation between the Health Visitors, Casework Supervisor, Home Help Organiser, Superintendent of the District Nurses and Matron of the Day Nursery in the study of the needs, and the ways in which they can be met, of families where there is a risk of a complete break up, and outside the department the liaison is equally as close with family doctors, head teachers, children's officer, housing manager, hospital staff and workers of voluntary organisations. The Home Help Service provides help in homes where this is necessary and the Children's Committee meet the cost in certain cases.

Home Help Service

This service operates complementary to the General Practitioners and Hospital service and the demand on the service continues to increase. 77% of those using the service are aged persons and without it many would have to be admitted to residential accommodation, or to hospital. The number of people who received the service of a home help during the year was 444. The number of persons employed in the service during the year was 3 full-time and 77 part-time, equivalent to 49 full-time Home Helps. The Council approved an increase in establishment and an assistant Home Help organiser was appointed. The service is controlled by the Organiser and her assistant, and clerical assistance is provided from the staff of the Health and Welfare Department.

Chiropody

In 1962 the City Council submitted proposals to the Ministry of Health to provide a chiropody service under Section 28 of the National Health Service Act 1946, and these were approved. Initially the service was intended for the benefit of the elderly and eventually to extend it to include the handicapped and expectant mothers. Up to the 1st October, 1964, the service was provided by the Old People's Welfare Council as Agents for the City Council, but on that date at the written request of the Old People's Welfare Council the Local Authority took over the administration of the Scheme. No chiropodist is employed directly by the City Council, but six qualified chiropodists who are registered under the National Health Services (Medical Auxiliaries) Regulations 1962 with practices in the City participate in the Scheme. Persons qualified to receive treatment have a free choice of chiropodist. In the financial year ending 31st March, 1966, 1,782 received treatment on 8,797 occasions. Of these 217 had treatment in their own home and 1,565 attended the chiropodists' surgeries.

MENTAL HEALTH SERVICES

The demand for these services continues to be heavy and during most of the year difficulty was experienced in maintaining a full staff of social workers owing to a general shortage of qualified personnel. It is obvious that local authorities will have to overcome this shortage by sponsored training. The City Council has adopted such a course but it is apparent that insufficient places in universities and colleges are available.

Administration

The Mental Health Sub-Committee, consisting of members of the City Council, meets as required to undertake certain functions relating to patients in accordance with the Mental Health Act, 1959. The Medical Officer, his Deputy and full-time Assistant are authorised to deal with documents in accordance with the Mental Health (Hospital and Guardianship) Regulations, 1960. At the end of the year 10 practitioners were on the list of Approved Medical Officers.

The registration of one mental nursing home was continued and regular visits are made to this home by members of the Health Department staff. The Home has accommodation for 65 sub-normal or severely subnormal female patients aged 16 years or over. At the end of the year 63 patients were resident therein, only one of whom was detained compulsorily.

The Medical Officer has responsibility for the general direction of these services and has the benefit of advice from Consultant Psychiatrists at local hospitals. He is assisted by the Deputy and Assistant Medical Officers. Other members of the mental health team are an Educational Psychologist, a Casework Supervisor/Psychiatric Social Worker, a Senior Mental Welfare Officer (post vacant throughout the year) and one full-time and three part-time Mental Welfare Officers. An additional post of Trainee Social Worker was added to the establishment and this post was filled early in 1966.

The shortage of staff prevented any social workers attending training or refresher courses. All the staff of the Junior and Adult Training Centres attended a study day at Prudhoe Hospital. The Matron of the Hostel for Subnormals attended a special induction course for Matrons arranged by the National Association for Mental Health, and held at Harrogate.

Mental Subnormality

Details of new cases referred to the department during the year and those being visited at the end of the year are shown in Tables 26 and 27 on page 56. During the year 2 persons were placed under guardianship and at the end of the year a total of four cases were under guardianship. In other cases informal supervision was provided and help is available to parents of children referred by the local education authority.

St. Stephen's Hostel continued to provide for adult subnormals capable of living in the community but who had no relatives or

whose relatives could not make adequate provision. All residents attended the Adult Training Centre or worked in industry. A holiday was made possible for the residents through the kindness of Mrs. Ludlam, who provided accommodation near Lake Ullswater and through the Lions Club of Carlisle who made available the necessary transport. The maximum number of residents in the Hostel during the year was ten and eight were in residence at the end of the year. Two social clubs for adult subnormals continued having monthly meetings, one being held at the Training Centre, the other in central premises, the latter catering for all suitable adults wishing to attend. Such social occasions are important to those attending and the efforts of the staff in this direction are very worthwhile.

Training Centres

The attendances at both Centres continues to increase and the present accommodation is no longer adequate. As mentioned in previous reports the delays in providing the new Centres have caused disappointment to both staff and the parents of trainees. It is now anticipated that work will begin late in 1966. At the end of 1965 42 children were on the register of the Junior Training Centre and 31 trainees on that of the Adult Centre. As anticipated in last year's report one unqualified Assistant Supervisor commenced a year's training course at Harris College, Preston, and at the time of writing the Manager of the Adult Centre is attending a course in Hull. Suitable temporary staff have been engaged during their periods of training.

The production of goods by trainees in the Adult Centre continued on the same lines as the previous year and little difficulty was experienced in the sale of the various products. An increase in the staff establishment of the Adult Centre was authorised for 1966 and at the time of writing a Craft Instructor has been appointed.

Mental Illness

Every effort was made to provide adequate after-care but the lack of qualified staff did impose some limitations in this sphere of work. Good co-operation was maintained with medical and social work staff in hospitals.

The Welcome Club, which is a social club for out-patients or patients recently discharged from hospital continued to meet each week at the "Rendezvous" in Fisher Street. It is hoped that this and all other social clubs connected with this department may be accommodated in premises owned by the local authority in the not too distant future.

Admissions to hospitals dealt with by the part-time Mental Welfare Officers were largely in accordance with Section 29 of the Mental Health Act, 1959, viz. as emergencies. Subsequently, none of these cases was detained compulsorily. These officers were called out on 86 occasions during the year and Table 25 gives details of these cases.

TABLE 25

No. of patients admitted to hospital informally	...	...	...	10
No. of patients admitted in accordance with Section 25	...	...	...	10
No. of patients admitted in accordance with Section 26	...	...	...	1
No. of patients admitted in accordance with Section 29	...	...	...	61
No. of cases in which no action was taken	...	...	...	4

TABLE 26
PATIENTS VISITED THROUGHOUT THE YEAR

	Mentally Ill		Psychoopathic Personality		Subnormal		Severely Subnormal		TOTALS		GRAND TOTAL
	Under 16 yrs.		Under 16 yrs.		Under 16 yrs.		Under 16 yrs.		Under 16 yrs.		
	M	F	M	F	M	F	M	F	M	F	
(a) Attending day training Centre	—	—	—	—	—	—	—	—	—	—	73
(b) Receiving Home Visits but not included in (a) . . .	4	2	—	—	—	—	1	5	5	7		123
Total Number of Patients	4	2	—	—	—	—	30	18	34	20	196

TABLE 27
SOURCES FROM WHICH PATIENTS WERE REFERRED TO HEALTH DEPARTMENT

REFERRED BY	Mentally Ill				Psychoopathic Personality				Subnormal				Severely Subnormal				TOTALS				GRAND TOTAL	
	Under 16 yrs.		16 yrs. & over		Under 16 yrs.		16 yrs. & over		Under 16 yrs.		16 yrs. & over		Under 16 yrs.		16 yrs. & over		Under 16 yrs.		16 yrs. & over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
(a) General Practitioner	6	4	20	30	—	—	1	—	—	—	—	—	—	—	—	—	—	6	4	21	30	61
(b) Hospitals, on discharge from in-patient treatment	—	—	24	37	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	25	37		62
(c) Hospitals, after or during out-patient or day treatment	—	—	6	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	11	17
(d) Local Education Authorities	—	—	—	—	—	—	—	—	—	—	9	9	4	2	—	—	—	4	2	9	9	24
(e) Police and Courts	—	—	11	6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	12	6	18
(f) Other sources	—	1	12	12	—	—	2	1	—	—	3	1	—	—	—	—	—	—	1	17	14	32
TOTAL REFERRALS	6	5	73	96	—	—	5	1	—	—	12	10	4	2	—	—	—	10	7	90	107	214

SECTION VI.

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES, Etc.

PROVISION OF WELFARE SERVICES

ADMINISTRATION

Your Medical Officer of Health is Chief Welfare Officer and there is the closest possible integration of health and welfare services which are administered from the Health Department. The demand for special services for the elderly continues to increase.

ACTION UNDER SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948 AND THE NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Two ladies were removed under the above Acts. In one case the original application was made under the 1948 Act and an Order for 6 weeks only was granted. As the home circumstances had been improved at the end of this period the lady was allowed to return and no further application was made to the Court. The other application was made originally under the 1951 Act. An Order was subsequently made under the 1948 Act for three months and at the expiration of that time was allowed to lapse as the lady in question was willing to remain in a Residential Home.

RESIDENTIAL ACCOMMODATION

The provision of residential accommodation for old people remained practically the same as in 1964, namely :—

Barn Close—a modern Home for 50 residents of both sexes.

Stanwix House—a temporary converted house adjacent to and run in connection with Barn Close. The number of residents in this Home was reduced from 20 to 18 so that the use of a part of the building which did not allow of easy escape in case of fire could be discontinued. This Home will be closed in 1966 when the Elizabeth Welsh House at Harraby is opened.

Lime House—which has an official capacity for 29 persons but which has frequently 34 residents.

Aglionby Grange—for 23 handicapped aged persons of both sexes.

Throughout the year the demand for residential accommodation was such that the Homes had to provide for more residents than their normal complements.

The building of a block of 22 grouped flatlets for old people, together with communal accommodation and a Warden's flat, was commenced at the end of the year; the flatlets should be in use before the end of 1966.

Table 28 shows the number of persons admitted to and discharged from the Council's Homes. Another 7 persons were accommodated in Homes provided by voluntary organisations or other Local Authorities. In addition 17 persons were admitted to the Local Authority's Homes to enable their relatives to have a holiday.

TABLE 28

	Total at 31-12-64		Admitted During Year		Discharged During Year		Total at 31-12-65		Average Daily Occupancy
	M	F	M	F	M	F	M	F	
Barn Close ...	14	36	7	19	7	18	14	37	49.69
Lime House ...	20	18	10	15	9	17	21	16	37.03
Stanwix House ...	8	11	11	6	13	8	6	9	18.44
Aglionby Grange	6	16	11	18	9	17	8	17	24.24

AGED AND HANDICAPPED PERSONS' VISITATION

Senior citizens residing in aged persons' dwellings provided by the City Council are visited regularly by ladies employed part-time by the Housing Management Committee, but those elderly or handicapped people who live alone in ordinary Council houses or in privately owned ones, may not be regularly visited. For this purpose you authorised the engagement of 2 part-time lady visitors. The purpose of their visits is to overcome loneliness in housebound aged and handicapped people who have no family to visit them, or whose family are not available for visiting. These ladies work under the general direction of the Superintendent Health Visitor but do not replace the Health Visitor, nor are they expected to undertake the duties of Nurse or Home Help.

The service commenced on 12th January, 1965, and has proved very popular with the housebound. This service is being expanded during 1966.

TEMPORARY ACCOMMODATION

During the year 7 families were admitted to the flats in the former Married Quarters at the Castle; 2 families being in occupancy at the end of the year. 2 women were accommodated in Aglionby Grange, one for one night and the other for two nights. Table 29 shows the admissions to and discharges from the flats at the Married Quarters and the number remaining in occupancy at the end of the year.

TABLE 29

		Number of families	Men	Women	Children
In occupancy at 31-12-64	...	4	3	7	15
Admitted during year	...	7	6	7	21
Discharged during year	...	9	7	12	32
In occupancy at 31-12-65	...	2	2	2	4

These flats meet a need. They have prevented the break-up of certain families and have been an aid to rehabilitation of other families. Their very existence, however, has on occasions resulted in certain persons not using their best endeavours to secure normal housing accommodation for their families but the staff are alive to this situation.

WELFARE OF THE BLIND

Ascertainment

During the year 18 cases were brought to my notice who might be suffering from blindness, 17 were referred to a Consultant Ophthalmologist and 10 were subsequently classified as blind and 7 as partially sighted. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 30 shows the causes of blindness and the recommendations made by the Consultant.

The general practitioner is notified when his patient is being examined by an Ophthalmologist for the purpose of blind registration and given a copy of Form B.D.8 after the examination.

TABLE 30

Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1 (a) No treatment ...	—	—	—	11
(b) Treatment (Medical, Surgical or optical) ...	3	3	—	—
2 Number of cases at (1) (b) above which on follow-up action have received treatment ...	3	3	—	—

In addition two partially sighted persons and one blind person were re-examined by a Consultant Ophthalmologist. Both partially sighted persons were re-classified blind and the registered blind person's classification was confirmed.

Social Rehabilitation

There was no newly ascertained blind or partially-sighted person suitable for this course.

Ophthalmia Neonatorum

There was no case of this disease notified during the year.

Register of Blind and Partially Sighted

At the end of the year there were 105 registered blind persons and 32 partially-sighted persons residing within the City. Table 31 shows the numbers on both registers at the beginning of the year, those removed therefrom by death, change of residence, etc. those added by ascertainment and immigration, and the numbers on the registers at the end of the year.

TABLE 31

	Blind		Partially Sighted	
	M.	F.	M.	F.
On Register at 31st Dec., 1964 ...	40	65	16	15
Removed from Register during year ...	4	9	1	4
Admitted to Register during year ...	2	11	2	4
On Register at 31st Dec., 1965 ...	38	67	17	15

The distribution of cases on the Register at 31st December, 1965, by age and sex is shown in Table 32 and the occupations of those aged 16 years and over is shown in Table 33.

TABLE 32

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0 — 4	—	—	—	—
5 — 10	—	1	2	1
11 — 15	—	—	—	1
16 — 20	—	—	—	—
21 — 29	2	2	3	—
30 — 39	3	4	1	—
40 — 49	4	3	2	—
50 — 59	3	12	—	1
60 — 64	5	3	4	2
65 — 69	2	8	1	1
70 — 79	13	13	—	6
80 — 84	4	11	2	2
85 — 89	—	4	1	1
90 and over	2	6	1	—
Age unknown	—	—	—	—
	38	67	17	15

TABLE 33

	M.	F.
16 years and upwards		
Employed—In Workshops for the Blind ...	6	2
Elsewhere ...	3	2
Not Employed—Not available for work 16-59	—	16
Not available for work 60-64	1	1
Not capable of work 16-59	2	2
Not capable of work 60-64	3	1
Not working 65 and over	21	42
Already trained for sheltered employment	2	—
	38	66

Sheltered Employment

The operation of the Carlisle Workshops is the responsibility of a Joint Sub-Committee consisting of 6 members of Cumberland County Council and 4 members of Carlisle City Council. The County Clerk and County Medical Officer are Clerk and Executive Officer while the City Treasurer is Financial Officer to the Joint Sub-Committee. The City Engineer and Surveyor carries out maintenance work for the buildings on behalf of the Joint Sub-Committee.

Table 34 shows the number of City Blind and Partially-sighted persons in the Petteril Bank Workshops at 31st December, 1965.

TABLE 34

	Blind				Partially Sighted			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M	F	M	F	M	F	M	F
Brush Makers ...	1	—	—	—	—	—	—	—
Firewood Workers ...	1	—	—	—	—	—	—	—
Mattress Making ...	3	2	—	—	1	—	—	—
Basket Making ...	1	—	—	—	—	—	—	—
	6	2	—	—	1	—	—	—

WELFARE OF THE DEAF

There were 60 registered deaf persons in the City at 31st December, 1965, and in Table 35 is set forth their distribution by age and sex.

TABLE 35

	Without Speech		With Speech	
	M.	F.	M.	F.
Children under 16 years	5	1	—	—
Persons aged 16-64 years	20	15	3	8
Persons aged 65 years and over	2	5	—	1

The Carlisle Diocesan Association for the Deaf continued to act as the City's agents in respect of persons suffering from this handicap. The Mission is based in central premises in Carlisle which in addition to providing office accommodation and a meeting place for the deaf, houses the local Hard of Hearing Club.

OTHER HANDICAPPED PERSONS

At the end of the year there were 111 persons registered under the Council's scheme for Other Handicapped Persons.

Table 36 shows the number on the Register at 31st December, 1965, by age and sex.

TABLE 36

	M.	F.
Children under 16 years	4	—
Persons aged 16-64 years	45	47
Persons aged 65 years and over	7	8

Of the persons registered—

9 are suffering from cerebral palsy

10 are epileptics, and

8 are the victims of poliomyelitis.

The Handicapped Persons' Club continues to fill a great need in the lives of severely handicapped persons and during the summer outings were arranged. We are indebted to many people who have come to the Club at the request of our Welfare Assistant, Mrs. Irving, to entertain the members. Particular mention should be made of the help given by the Fire and Ambulance Service both in their official duties and as volunteer helpers in their own time. Financial assistance was given to 5 handicapped persons to provide various adaptations in their houses.

Occupational therapy and handicraft classes were continued throughout the year, the former service being provided in conjunction with the East Cumberland Hospital Management Committee on an agency basis.

Sheltered Employment and Training

One sighted handicapped basket maker was employed throughout the year, and one young woman, who suffers from cerebral palsy with athetosis, continued to attend. One man commenced employment during the year after a period of training.

Epileptics

10 epileptics were registered as handicapped persons in the City and 2 attended the Club for Handicapped Persons. A further epileptic was known to the department. No major social problems arose during the year.

One young man attends the Training Centre for Subnormals, and another young man is employed in the Workshops for the Blind.

Spastics

9 adults were registered with the Local Authority under the Scheme for Other Handicapped Persons and 1 of these received occupational therapy.

The City Council allows free use of the Public Baths on Friday and Saturday evenings to the Infantile Paralysis Fellowship and this body welcomes spastics to its sessions.

One of the registered adults, a lady of 26, was employed in open industry throughout the year. One young lady, a registered handicapped person, was admitted to Scalesceugh Home, an establishment run by the Cumberland, Westmorland and Furness Spastics Society, for young adults on a permanent basis.

REGISTRATION OF HOMES

There are 4 Homes for the aged registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of the aged. These Homes were regularly visited during the year. One of these Homes, St. Joseph's run by the Little Sisters of the Poor, accommodates 90 aged persons. The building is substantial though the residents are accommodated in dormitories rather than rooms. It had a second lift installed during the year and the City Council made a contribution of £500 towards the cost.

ACTION UNDER SECTION 48—TEMPORARY PROTECTION OF MOVEABLE PROPERTY

Steps were taken to safeguard the property of a lady found dead in her home. A relative was subsequently found who accepted responsibility.

ACTION UNDER SECTION 50—BURIAL OR CREMATION OF THE DEAD

The City Council arranged for the burial of bodies of four persons who had died and in respect of whom no suitable arrangement for the disposal of the bodies had been made.

CLOSURE OF RECEPTION CENTRE

The National Assistance Board intimated in 1964 that it was its intention to close Calthwaite Reception Centre. Both the Cumberland County Council and the City Council objected and officers of the Board met Local Authority representatives in Carlisle and subsequently a delegation from Cumberland County Council and the City, together with the M.P's for Penrith & Border & Carlisle, were received by Lord Runcorn, Chairman of the Board, on 14th

April, 1965. In spite of the representations the Board closed the Centre. In fairness to the National Assistance Board it must be admitted that contrary to expectations, the City as a Welfare Authority, has not been embarrassed by this closure.

GENERAL

Local voluntary bodies continued to play a vital role in the welfare of the aged and handicapped and the co-operation between such bodies and the City Council continues to be excellent. Financial assistance has continued to be given to these organisations to enable them to carry on their work.

The Carlisle Old People's Welfare Council

The City Council has again been represented on the Executive Committee of this body.

One new club, Morton Manor Senior Citizens' Club, was formed during the year bringing the total number to 26 with a membership in the region of 2,400. A number of visits and holidays have been arranged for Club members through the Agency of the Old People's Welfare Council.

The Carlisle Council of Social Service

The Corporation continued its grant to and representations on the Executive Committee of this Council. The Citizen's Advice Bureau provided by this Council dealt with 2,753 callers during the year.

The W.V.S. (Carlisle County Borough Branch)

The W.V.S. carries out much voluntary work for the citizens. From the Council's point of view their work in connection with "Meals on Wheels" and the Old People's Dining Club is most important, though one must not forget the valuable assistance given at clinics, etc.

During the year there was an expansion of the "Meals on Wheels" Service and the Voluntary Body acquired new premises which have now been opened. The City Council agreed to contribute £450 towards the cost of adaptations to the kitchen premises of the new headquarters.

Mrs. A. M. A. Fraser, O.B.E., resigned from her post as W.V.S. County Borough Organiser, which position she had held from 1963. I should like to place on record my great appreciation and that of the staff of the Health and Welfare Department for all the assistance she afforded us throughout her long term of office.

Infantile Paralysis Fellowship

This body still flourishes and the City Council has again allowed the local branch the full use of the Corporation swimming baths free of charge. The bath sessions are very well attended.

SECTION VII.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

E. BOADEN, A.M.I.P.H.Eng.

The year under review, unlike the preceding few years, has been relatively free from any major new legislation directly affecting this section of the Department. Free of the pressures which are inevitably associated with new laws, activities were directed in making substantial inroads into problems which have been accumulating as a result of the previous legislative deluge.

New demands cannot be met by jettisoning existing obligations. They have to be assessed in their comparative importance to public health and incorporated into the general administrative pattern so as to co-exist with and not supplant already established measures. Often new measures are heralded by publicity totally disproportionate to their importance and evoke demands for instant action from the more impatient or intolerant critics of local government. Adherence, however, to the principle of a steady build-up of a comprehensive system of supervision will in the long run justify itself bearing in mind the limitations imposed by the man-power position and financial and other considerations.

Work has progressed steadily under the Housing Acts, the Offices and Shops Acts, the Food Hygiene Regulations and, of course, the Public Health Acts. In naming only these, the more outstanding pieces of legislation, it should be remembered that there are numerous other Acts, Regulations, Statutory Instruments, all of which play their part collectively in forming a most comprehensive not to say complicated code of public health. These will be elaborated in greater detail later in the text under their respective headings.

The Corporation's Public Slaughterhouse closed quietly on 6th October, after a long and useful life. A model in its heyday, it had with the change of slaughtering techniques rapidly become obsolete in later years. Its obsequies were lost in the mild excitement not to say anxieties associated with the launching of the new project, a privately built and operated slaughterhouse by the new Company Carlisle Butchers (1962) Ltd., on the Kingstown Industrial Estate. It would be untrue to say that the transfer went entirely without hitch or that teething troubles did not develop in the new building. Most of these had been anticipated and discussed with the developers during the preliminary examination of the plans but it had been argued that most of the

suggested structural amendments could be obviated by careful and skilful management. Some of these submissions had to be accepted, for the scheme, as proposed, conformed to the building regulations as prescribed under the Slaughterhouses Act. It was felt that modifications as suggested to the developers would have given greater flexibility in operation and would have prevented many of the teething troubles that subsequently arose. After a suitable settling down period any still outstanding defects will be taken up with the operators.

The Health (Housing) Sub Committee which was created to examine certain difficulties in connection with the completion of the present slum clearance programme and to decide priorities in the implementation of future housing action more in the nature of 'urban renewal', because of unforeseeable circumstances could not meet before the end of the year. A good deal of investigation has been undertaken and considerable information compiled in order that the Sub Committee can be made fully conversant with all the circumstances.

The three atmospheric pollution measuring stations have been in operation since the beginning of March. They should, in due course, enable an assessment to be made of the extent of pollution at three points of widely differing character in the City.

There is, I think, the desire on the part of everyone for a clean, unpolluted atmosphere, but whether there is a full appreciation of the ill-health, dirt and inconvenience directly attributable to a contaminated atmosphere is doubtful. There is a strong objection on the part of the public to any form of industrial pollution yet at the same time they not only condone but also contribute to pollution from domestic sources.

The industrialist is well aware that a smoking factory chimney is wasting money and this, together with the legal sanctions of the Clean Air Act, 1956, has resulted in considerable success being achieved in a reduction of atmospheric pollution in the industrial field.

In the domestic scene, however, there is still a strong sentimental attachment to the open fire.

Until it has been experienced most people are unaware of the greater comfort of whole house heating over room heating and also most people are unaware of the extreme inefficiency of the open fire. Because of the attraction of the open fire, any move

towards a domestic clean air policy would have to take into account the general wish for its perpetuation and the only concession the majority of people would willingly be prepared to make would be by substituting smokeless fuel for raw coal. This would undoubtedly raise the question of the availability in sufficient quantity of smokeless fuels, also the improvidence of burning a more expensive fuel in an appliance other than that which has the maximum efficiency.

The fuel to which most people would turn as an alternative to raw coal would most likely be gas coke but owing to the technological changes taking place in the gas industry there is likely to be a sharp decline in the future supply of gas coke.

Many people are strongly opposed to the appearance of many of the highly efficient types of appliances capable of burning the fuels of which the future supply can confidently be assured, although they have in addition to the obvious economical advantage the fact that they can be left burning all day with maximum safety. This is a great asset at a time when in so many households all its members go out to work. This would seem to account also for the increased demand for 'instant heat' apparent in the number of gas and electric fires now installed where once only coal was burnt. It may be that in 'natural gas' will lie the principal source of energy for this country, for many years to come.

The Shops (Early Closing Days) Act, 1965, came into operation on the 5th August. Its effect was to cancel that part of any local closing order which fixed the weekly half-holiday on a particular day and gave freedom of choice to the shopkeepers as from the 5th November.

There was a move, supported only by one or two of the large stores, to attempt to introduce six day trading to the central area of the City. This a local authority is empowered to do by order if it is satisfied that the majority of the occupiers of shops of any particular class in any area are in favour. There was a strong counter-move in favour of a five-day trading week supported by the vast majority of traders of all classes. The pattern that finally emerged from this new found freedom was that a great number of shops close all day Thursday, a number of food-shops on Thursday afternoon and a number of butchers close on two half days per week. The trades exempted from these provisions as to weekly half holidays are not affected and may still trade in the exempted articles as before.

The Home Secretary has been considering the Report of the Craythorne Committee on Sunday Observance, and although no firm indication has yet been given as to the introduction of amending legislation a preparatory document 'Retail Trading Hours' has been published by the Home Office and contains suggested provisions for amending the Shops Act, 1950.

INSPECTION OF THE DISTRICT

Number and Nature of Inspections

During the year 1965 the following inspections were made by the Public Health Inspectors to the Premises detailed :—

PUBLIC HEALTH ACT, 1936.	Visits
DWELLING HOUSES—Re housing defects	425
„ „ Other visits	513

Visits to ALL PREMISES for purposes of :—

Sec.		
23	Maintenance of Public Sewers	61
39	Provisions as to drainage, etc., of existing buildings	321
40	Provisions as to soilpipes and ventilation shafts	1
44	Sanitary accommodation insufficient or requiring reconstruction	15
45	Buildings having defective closets, capable of repair	13
46	Sanitary conveniences in workplaces, etc.	—
51	Care of closets by occupiers	3
52	Care of sanitary conveniences used in common	5
55	Means of access to houses for removal of refuse, etc.	—
56	Paving and drainage of yards and passages	4
58	Dangerous buildings	10
79	Mandatory removal of accumulations of noxious matter	3
80	Removal of manure, etc.	1
83	Cleansing of filthy or verminous premises	7
84	Cleansing or destruction of filthy or verminous articles	—
89	Sanitary conveniences at inns, etc., and places of public entertainment	38
92a	Premises in such a condition as to be prejudicial to health or a nuisance	376
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	21
92c	Accumulation or deposit prejudicial to health or a nuisance	74
92d	Dust or effluvia caused by trade or business etc.	33
92e	Overcrowded and ill-ventilated workplaces	—
108	Bye-laws—Fish Frying	—
„	Offensive trades	6
138	Provision of water supplies	41
154	Prohibition of sales by rag dealers	—
240	Bye-laws—Common lodging houses	20
259	Nuisances—Watercourses, etc.	29
268	„ Tents, vans, sheds, etc.	6
269	Regulating moveable dwellings	28

PUBLIC HEALTH ACT, 1961.

Sec.

17	Summary power to remedy choked drains	60
26	Emergency powers to deal with Defective Premises	—
27	Emergency powers to deal with Derelict Buildings	—
34	Emergency powers to deal with Accumulations of Rubbish	—
74	Nuisance from Pigeons	27
77	Hairdressing—Byelaws	33

INFECTIOUS DISEASE.

Investigating infectious disease	444
Investigating food poisoning	17

CLEAN AIR ACT, 1956.								Visits
	Smoke abatement observations	...	...	...	...	...	...	128
	Premises, furnaces, equipment, etc., visited	...	...	...	...	...	...	439
FOOD AND DRUGS ACT, 1955, etc.								
	Total visits re Food Hygiene Regulations	...	...	...	...	...	...	1370
	Total visits re Milk and Dairies Regulations	...	...	...	...	...	...	152
	Public Slaughterhouses and bacon factory	...	...	...	...	...	...	188
	Sampling—For bacteriological examinations	...	...	...	...	...	...	129
	Sampling—For analysis	...	...	...	...	...	...	103
	Visits as a result of food complaints	...	...	...	...	...	...	62
MEAT AND FOOD INSPECTION.								
	At Shops, etc.	...	...	...	...	...	...	212
	At Slaughterhouses	...	...	...	...	...	...	346
	At Bacon Factory	...	...	...	...	...	...	280
	At Poultry Packing Station	...	...	...	...	...	...	253
HOUSING AND SLUM CLEARANCE								
HOUSING ACT, 1957.								
Sec.								
4	re Standard of fitness	...	...	...	...	...	...	421
9-10-16	„ Repair and reconstruction of unfit houses	...	...	...	...	...	...	84
17	„ Demolition and closure of unfit houses	...	...	...	...	...	...	91
18	„ Closing of parts of buildings	...	...	...	...	...	...	2
81	„ Entry of “Permitted No.” in Rent Books	...	...	...	...	...	...	—
Part 3	„ Clearance and re-development areas	...	...	...	...	...	...	67
Part 4	„ Abatement of overcrowding	...	...	...	...	...	...	8
Part 4	„ Permitted numbers	...	...	...	...	...	...	—
HOUSING ACTS, 1949—64.								
	re Improvement grants	...	...	...	...	...	...	68
HOUSING ACTS, 1961—64.								
	re Houses in multiple occupation	...	...	...	...	...	...	39
LANDLORD AND TENANT ACT, 1962								8
RENT ACT, 1957.								
	re Certificate of Disrepair	...	...	...	...	...	...	4
CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1961								81
NOISE ABATEMENT ACT, 1961								14
LAND CHARGES ACT, 1925.								
	Inspections re Search Forms	...	...	...	...	...	...	72
	No. of Search Forms completed	...	...	...	...	...	...	1322
FACTORIES ACT, 1961.								
Sec.								
7	Factories with mechanical power	...	...	...	...	...	...	34
1, 2, 3, 4, 6, 7	Factories without mechanical power	...	...	...	...	...	...	—
7	Other premises, sites of buildings and engineering works	...	...	...	...	...	...	6
113	re Outworkers	...	...	...	...	...	...	—
SHOPS ACT, 1950.								
	re Hours, Sunday Trading, Young Persons, etc.	...	...	...	...	...	...	38
	re Welfare Provisions	...	...	...	...	...	...	6
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963								755
PREVENTION OF DAMAGE BY PESTS ACT, 1949								
	Local Authority properties	...	...	...	...	...	...	39
	Dwelling Houses	...	...	...	...	...	...	79
	All other, including business premises	...	...	...	...	...	...	138
	Agricultural properties	...	...	...	...	...	...	7

INSECT PEST CONTROL.								Visits
Dwelling houses	...	...	...	...	...	...	...	34
Other premises	...	...	...	...	...	...	...	59
DISEASES OF ANIMALS ACT								2
DRAINAGE INSPECTION AND VISITS.								
Drains opened out for inspection	...	...	...	...	...	...	...	17
Water, colour and other tests	...	...	...	...	...	...	...	64
OTHER INSPECTIONS AND VISITS.								
Non-industrial premises, offices, etc	...	...	...	...	...	...	...	10
Schools	...	...	...	...	...	...	...	13
Public conveniences, etc.	...	...	...	...	...	...	...	33
Swimming baths and pools	...	...	...	...	...	...	...	12
Refuse Tips, Salvage Depots, etc.	...	...	...	...	...	...	...	29
re Fertilisers and Feeding Stuffs Act, 1926	...	...	...	...	...	...	...	17
„ Agric. Produce, grading and marking	...	...	...	...	...	...	...	—
„ Pharmacy and Poisons Act, 1933	...	...	...	...	...	...	...	7
„ Merchandise Marks Act, 1926	...	...	...	...	...	...	...	19
„ Rag Flock and Other Filling Materials Act, 1951	...	...	...	...	...	...	...	12
„ Pet Animals Act, 1951	...	...	...	...	...	...	...	3
„ Agriculture (Safety, Health & Welfare Provisions) Act, 1956	...	...	...	...	...	...	...	—
Miscellaneous	...	...	...	...	...	...	...	703
Interviews	...	...	...	...	...	...	...	934
Agricultural Show Ground	...	...	...	...	...	...	...	8
Long Stay Immigrants	...	...	...	...	...	...	...	11

List of Contraventions and Works Executed

PUBLIC HEALTH ACT, 1936.			Defects	
Sec.			Found	Abated
23	Maintenance and cleansing of certain public sewers		—	—
24	Recovery of cost of maintaining sewers	...	—	—
39	Drainage, etc., of existing buildings	...	39	30
44	Buildings having insufficient closet accommodation or closets so defective as to require reconstruction		1	1
45	Buildings having defective closets, capable of repair		2	1
46	Provision of sanitary conveniences in workplaces		—	—
55	Means of access to houses for removal of refuse, etc.		—	—
56	Paving and drainage of yards and passages	...	—	—
76	Deposits of refuse	...	1	1
92a	Premises in such a state as to be prejudicial to health or a nuisance	...	65	35
92b	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	...	—	—
92c	Accumulation or Deposit prejudicial to health or a nuisance	...	20	20
92d	Dust or effluvia prejudicial to health or a nuisance		—	1
92e	Overcrowded and ill-ventilated workplaces	...	—	—
138	Provision of water supplies	...	—	1
238	Registration of common lodging house and keeper		—	—
268	Regulation of tents, vans and sheds	...	1	1
269	Regulation of moveable dwellings	...	—	—

PUBLIC HEALTH ACT, 1961.

Sec.	Defects	
	Found	Abated
17 Summary power to remedy stopped-up drains ...	10	8
25 Emergency Power to deal with dangerous buildings	—	—
35 Filthy or verminous premises	—	—
77 Hairdressers Byelaws	10	16
	—	—
	20	24
	—	—

SHOPS ACT, 1950.

Sec.		Defects	
		Found	Abated
2	Closing of shops after general closing hours ...	—	—
19	Meal times to be allowed	—	—
22	Offences regarding Sunday employment of staff ...	—	—
37	Seats for female shopworkers to be provided ...	—	—
38 (1a)	Suitable and sufficient ventilation	—	—
38 (1b)	Provision and maintenance of suitable and sufficient temperature	—	—
38 (2)	Provision of sanitary conveniences	—	1
38 (3)	Provision of suitable lighting	—	—
38 (4)	Provision of suitable washing facilities ...	—	—
38 (5)	Provision of facilities for taking meals ...	—	—
47	Closing of shop on Sunday	1	—
		—	—
		1	1
		—	—

FACTORIES ACT, 1961.

Sec.		Defects	
		Found	Abated
1	Cleansing	—	—
7	Sanitary Accommodation :—		
	Insufficient provided	—	—
	Maintenance	6	5
	Cleanliness	3	3
	Adequate lighting	3	1
	Ventilation and I.V.S.	3	1
	Privacy—Door, screening, etc.	1	—
	Access	—	—
	Separate	1	—
	Notices indicating sanitary accommodation ...	—	—
	Screen approach	—	—
	Contraventions on building & engineering sites	—	4
		—	—
		17	14
		—	—

Clean AIR ACT, 1956.						Defects	
Sec.						Found	Abated
1	Emission of dark smoke from chimneys	...	...	...	...	13	12
16	Smoke nuisances	...	...	...	...	—	—
PREVENTION OF DAMAGE BY PESTS ACT, 1949.							
Sec.							
4	Notice requiring execution of works	...	...	...	...	17	3
NOISE ABATEMENT ACT, 1960						—	—
CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960							
...	...	...	...	...	...	4	4
HOUSING ACTS, 1961—64.							
	Houses in Multiple Occupation	...	...	...	...	—	—
LANDLORD AND TENANT ACT, 1962						—	—
MERCHANDISE MARKS ACT, 1926						5	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Sec.						Defects	
						Found	Abated
4	Cleanliness of premises, furniture and fittings	...	...	...	...	13	6
5	Overcrowding of premises or rooms	...	...	...	...	4	1
6	Maintenance of reasonable temperature	...	...	...	...	53	39
7	Provision of adequate ventilation	...	...	...	...	8	4
8	Provision of adequate lighting	...	...	...	...	11	7
9	Provision of sufficient sanitary conveniences	...	...	...	...	44	20
10	Provision of washing facilities	...	...	...	...	30	19
11	Provision of drinking water	...	...	...	...	—	—
12	Provision of accommodation for clothing	...	...	...	...	—	1
13	Provision of sitting facilities (general)	...	...	...	...	2	—
14	Provision of suitable seats for sedentary work	...	...	...	...	1	—
15	Provision of facilities for taking meals	...	...	...	...	3	—
16	Maintenance and safety of floors passages and stairs	...	...	...	...	27	15
17	Fencing of exposed parts of machinery	...	...	...	...	—	—
18	Avoidance of exposure of young persons to danger in cleaning machinery	...	...	...	...	—	—
19	Training and supervision of persons working dangerous machines	...	...	...	...	—	—
23	Prohibition of heavy work	...	...	...	...	—	—
24	Provision of First Aid facilities	...	...	...	...	33	31
27	Dangerous acts and interference with equipment, etc.	...	...	...	...	—	—
49	Notification of employment of persons	...	...	...	...	1	1
50	Information to be provided for employees	...	...	...	...	10	—
						240	144

Table 37 shows the Registrations and General Inspections during the year ended 31st December, 1965.

TABLE 37.

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving general inspection during the year
(1)	(2)	(3)	(4)
Offices	16	300	32
Retail Shops	12	579	135
Wholesale shops, warehouses	4	74	11
Catering establishments open to the public, canteens	2	32	16
Fuel storage depots	—	3	1
Total	34	988	195

Number of visits of all kinds by Inspectors to registered premises 755

Table 38 is the Analysis of Persons employed in registered premises by workplace :—

TABLE 38.

Class of Workplace	Number of persons employed
Offices	3003
Retail Shops	3370
Wholesale departments, warehouses	675
Catering establishments open to the public	440
Canteens	31
Fuel storage depots	34
Total	7553
Total males ...	3304
Total females ...	4249

During the year there were no applications for exemptions under the Act and no prosecutions were undertaken.

Table 39 shows the number of Inspectors and other staff employed under the Act.

TABLE 39.

No. of Inspectors appointed under Section 52(1) or (5) of the Act	5
No. of other staff employed for most of their time on work in connection with the Act	1
	(Part-time)

Accidents

Twenty-nine accidents were reported in the period ending 31st December, 1965. All were of a minor nature and no fatalities or loss of limb were recorded.

TABLE 40.
SUMMARY OF COMPLAINTS, CONTRAVENTIONS & NOTICES SERVED

	Complaints and Inform-ation Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health	292	149	115	95	78	10	8
Food and Drugs Unsound Food ...	165	—	—	—	—	—	—
Food and Drugs	62	402	360	122	99	—	—
Shops	5	1	1	1	1	—	—
Factories	—	17	1	9	1	—	—
Housing	28	—	—	—	—	—	—
Rodent Control	260	17	13	15	12	—	—
Clean Air	12	13	12	13	12	—	—
Rent Act	—	—	—	—	—	—	—
Milk and Dairies (General) Regs.	—	—	—	—	—	—	—
Noise abatement	1	—	—	—	—	—	—
Caravan Sites and Control of Development	9	4	4	4	4	—	—
Offices, Shops and Railway Premises	5	240	144	93	64	—	—
Merchandise Marks	—	5	2	5	2	—	—

HOUSING AND SLUM CLEARANCE

By the end of the year the balance of unfit houses on the current programme had been reduced to 412, of which action had been completed and displacement was awaited in respect of 30 houses, and action was proceeding in respect of a further 12 houses, leaving a balance of 370 still to be dealt with.

Clearance Areas

Description of Areas	Action during the year
The Carlisle (Harraby Street) Clearance Area, 1962, incorporated in the Carlisle (Harraby Street) Clearance Order, 1963, comprising 12 houses.	All the houses were demolished and the site cleared.
The Carlisle (Queen Street and Rigg Street) Clearance Area, 1962, incorporated in the Carlisle (Queen Street and Rigg Street) Clearance Order, 1964, comprising 14 houses.	The remaining 6 families comprising 12 persons were displaced and re-housed in Council owned houses, after which all the houses were demolished and the site cleared.
The Carlisle (South John Street odd Nos.) Clearance Area, 1962, and the Carlisle (South John Street even Nos.) Clearance Area, 1962 incorporated in the Carlisle Housing (No. 1) Compulsory Purchase Order, 1963, comprising 11 occupied and 8 unoccupied houses.	One elderly male remains to be displaced.
The Carlisle (Solway Terrace) Clearance Area, 1963, incorporated in the Carlisle (No. 2) (Solway Terrace) Compulsory Purchase Order, 1963, comprising 94 houses, a house and shop and one workshop.	41 families comprising 91 persons were displaced into Council owned houses; 2 families comprising 4 persons moved to privately owned houses within the City, and 1 elderly female occupant died. 11 families comprising 20 persons remained in the area at the end of the year.
The Carlisle (Duke Street) Clearance Area, 1963, comprising 2 houses. Resolution to purchase by making the Carlisle (No. 3) (Duke Street) Compulsory Purchase Order, 1963.	This property was purchased by agreement and the 2 families comprising 2 persons were displaced into Council owned houses.
The Carlisle (Water Street) Clearance Area, 1963, incorporated in the Carlisle (No. 1) (Water Street) Compulsory Purchase Order, 1964, comprising 8 occupied and 5 unoccupied houses and 2 shops.	3 families comprising 11 persons were displaced into Council owned houses.

SUMMARY OF ACTION TAKEN UNDER THE HOUSING ACT, 1957

HOUSES IN CLEARANCE AREAS

Represented during the year

Number of areas	...	...	...	...	...	...	...	Nil
Houses unfit for human habitation	...	...	...	...	...	...	...	Nil
Houses included by reason of bad arrangement, etc.	...	...	...	...	...	...	...	Nil
Houses on land acquired under Section 43(2)	...	...	...	...	...	...	...	Nil
Numbers to be displaced :—								
(a) persons	...	...	...	...	...	...	...	Nil
(b) families	...	...	...	...	...	...	...	Nil

Action taken during the year

Houses demolished, by local authority or owners								
(a) Unfit for human habitation	...	...	...	...	...	...	...	26
(b) Included by reason of bad arrangement	...	...	...	...	...	...	...	Nil
(c) On land acquired under Section 43(2)	...	...	...	...	...	...	...	Nil
Numbers displaced								
(a) persons	...	...	...	...	...	...	...	117
(b) families	...	...	...	...	...	...	...	53

UNFIT HOUSES ELSEWHERE

Represented during the year

Number of houses	35
------------------	-----	-----	-----	-----	-----	-----	-----	----

Orders made in respect of 71 houses as follows :—

Undertakings accepted	...	...	...	...	...	...	...	36
Closing orders — Section 17	...	...	...	...	...	...	...	10
Demolition orders	...	...	...	...	...	...	...	Nil
Closing orders — Section 18	...	...	...	...	...	...	...	Nil
Local Authority owned houses certified unfit by the Medical Officer of Health								25

Houses closed or demolished

Number of houses closed	...	...	...	...	...	...	...	43
Parts of buildings closed — Section 18	...	...	...	...	...	...	...	Nil
Houses demolished following demolition orders	...	...	...	...	...	...	...	3
Houses demolished where previously closed	...	...	...	...	...	...	...	20
Local Authority houses demolished (certified unfit by M.O.H.)								8
Total demolished	...	...	...	...	...	...	...	31

Unfit houses made fit

Where closing orders determined	...	...	...	...	...	...	...	3
In accordance with undertakings	...	...	...	...	...	...	...	2

Numbers displaced

(a) persons	...	...	...	...	...	...	...	100
(b) families	...	...	...	...	...	...	...	38

INDIVIDUAL UNFIT HOUSES

35 houses, 10 in private ownership and 25 in the ownership of the Authority, were represented as being unfit for human habitation and not capable at a reasonable expense of being rendered fit.

DEMOLITION AND CLOSURE

No demolition orders were made during the year but closing orders were made in respect of 10 houses where demolition would have an adverse effect upon adjoining houses. 8 of the houses to be closed, 2 blocks each of 4 back-to-back houses, were in individual ownership and negotiations were proceeding whereby each block might come into one ownership and so make possible the conversion into improved terrace houses and the determination of the closing orders.

A total of 31 individual unfit houses were demolished, 7 in pursuance of demolition orders, 20 which had been the subject of closing orders, and 8 owned by the Council and to which certificates of unfitness applied.

32 houses were put out of use for human habitation following the making of closing orders.

UNDERTAKINGS ACCEPTED

Undertakings were entered into whereby 11 unfit houses in Metcalfe Street will be reconditioned to provide 7 fit houses with improved amenities. A further 3 houses are to be demolished to provide increased rear open space.

Negotiations to secure the re-conditioning and improvement with grant aid of property at Caledonian Buildings was unsuccessful. In view of the low return on capital to be expended, the owners decided not to proceed with the scheme and, in consideration of the Authority agreeing to withhold any further action for the time being with regard to the making of demolition orders, entered into an undertaking whereby the 24 dwellings, only 2 of which were then occupied, would not be used for human habitation.

CERTIFICATES OF UNFITNESS

A number of houses purchased by the Local Authority, in connection with proposed highways improvement or in areas to be re-developed, were unfit for human habitation and included on the Slum Clearance programme. 25 of these houses were represented by the Medical Officer of Health, who also issued certificates detailing the reasons whereby they were not considered suitable for occupation, and resolutions were made that the houses be demolished.

REPAIR AND IMPROVEMENT OF HOUSES

6 back-to-back houses the subject of closing orders were converted into 3 self-contained terrace houses, repaired and modernised in accordance with approved plans, after which the owners successfully applied for the determination of the orders. Similarly a further 4 back-to-back houses were converted into 2 modernised terrace houses in compliance with undertakings entered into by the owners. In this manner it has been possible to retain structurally sound buildings and maintain in unbroken line terraces of otherwise fit houses.

As a result of complaints received and following routine inspections action was taken under the Public Health Acts to abate nuisances and secure essential repairs to house property. For this purpose 48 improvement notices were served and works were executed in compliance with 30 notices.

IMPROVEMENT WITH GRANT AID

For many years landlords and owner occupiers of older houses have been entitled to make application to the Local Authority for grant towards the cost of providing within those houses certain modern amenities. Where a Local Authority is satisfied that a house will afterwards be reasonably fit to live in for not less than 15 years, the making of a Standard Grant is obligatory.

In respect of schemes entailing more extensive works of alteration and adaptation to a standard comparable with that of a modern house, and including work of damp proofing and for the eradication of dry rot, the house is generally expected to have a life ahead of it of at least 30 years and the grant, which may be for half the cost of the work up to a maximum of £400, is made only at the discretion of the Authority.

Applications for grants are made through the City Engineer and Surveyor, to whom I am indebted for the following statistical information, and there is liaison with this Department in relation to the fitness of houses and their expected life ahead.

Table 41 shows the number of applications received for Standard and Discretionary Grants.

TABLE 41.
STANDARD GRANTS

Number of applications

(a) Owner/occupier	...	...	69	Approved	69
				Refused	—
(b) Tenanted houses	...	...	8	Approved	8
				Refused	—

Number of dwellings improved

(a) Owner/occupier	...	...	59
(b) Tenanted	...	...	11

Amenities provided

Fixed bath	...	...	...	68
Shower	...	...	...	1
Wash hand basin	...	...	...	69
Hot water supply	...	...	...	63
Water closet—				
within the dwelling	...	...		70
accessible from the dwelling				—
Food store	...	...	...	60

DISCRETIONARY GRANTS

Number of applications

(a) Owner/occupier	...	...	7	Approved	7
				Refused	—
(b) Tenanted houses	...	...	6	Approved	6
				Refused	—

Number of dwellings improved

(a) Owner/occupier	...	...	6
(b) Tenanted houses	...	...	—

PUBLIC HEALTH ACT, 1936

COMMON LODGING HOUSE

As the result of a notice served in 1964 a marked improvement was secured in the condition of the Lindisfarne Hostel. The works required by the notice were very extensive but were willingly and industriously undertaken by two volunteers newly appointed as keepers of the common lodging house. The registration of the common lodging house was granted in the first instance for a period of 6 months to enable the Council to review the position at the end of that period. Following a reinspection, when satisfactory progress was noted, the premises were re-registered until the end of the year.

The works completed by the end of the year included thorough cleaning and redecoration of all the ground floor rooms and part of the second floor. Installation of new sinks in the kitchens, new wash basins in the wash room, a new bathroom with hot and cold water service laid on to all the fittings. A laundry was provided for the use of the residents and the central heating system overhauled and a new boiler provided so that the system functioned properly for the first time in many years. The residents were also provided with a nicely decorated lounge with a small library and a television set.

ATMOSPHERIC POLLUTION

As a result of 119 smoke abatement observations made during the year 12 notices were served following the excessive emission of dark smoke from chimneys of 7 factories and one hotel. This action was followed up by inspection of the boiler plant and advice offered to stokers and management. The emissions of dark smoke were particularly persistent in the case of one factory, but as a result of frequent discussions with the management the technical representatives of the manufacturers of the boiler were called in. On their advice adaptations were made to the boiler. These resulted in very satisfactory combustion conditions and practically no smoke emissions at all.

Of the complaints received one of the most serious was of excessive emissions of grit causing a nuisance to an area within a quarter of a mile radius of a factory chimney. The factory concerned has two water-tube boilers each burning, on maximum load, a ton of coal every hour. Combustion is aided by means of forced draught and there are no grit arrestors to the boilers. Samples of the grit were analysed and were proved to be entirely from an industrial source. Discussions were held with the firm's engineers and notice of the nuisance was served on the firm, and by the end of the year they were negotiating a contract for the installation of grit arrestors. The work on the installation is expected to be completed by mid 1966.

Three Volumetric Daily Smoke and Sulphur Dioxide measuring instruments were installed and brought into operation on the 2nd March. These are sited at Morley Street School, Inglewood Junior School and the Old Town Hall. The results so far show that pollution from smoke and fumes is considerably greater at Morley Street, an area of high density housing and mixed industrial and commercial premises, than in either of the other two sites, of which the Town Hall shows slightly more pollution than that at Inglewood School, the comparison of course being between the commercial city centre and an area of low density housing on a modern estate with a small industrial estate on the fringe. I think that the results so far confirm that the greatest source of pollution is from the burning of coal on open fires in domestic premises and the figures suggest that, although this city does not suffer from pollution to the extent experienced in the bigger industrial cities there is no room for complacency, the only way to reduce the pollution from the inefficient open fires is to embark on a comprehensive smoke control programme.

Table 42 expresses the results obtained at each of the sites.

Tables 43 and 44 show the average Smoke and Sulphur Dioxide concentrations at each site.

TABLE 42.

Average Daily Pollution

Period	(Micro grammes per cubic metre)					
	Morley Street		Town Hall		Inglewood	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
March ...	276	171	168	116	149	93
April ...	132	112	90	80	79	57
May ...	141	105	94	73	67	60
June ...	63	54	51	56	31	38
July ...	63	53	25	45	35	32
August ...	65	59	41	56	40	51
September ...	133	90	102	78	103	61
October ...	270	148	167	115	146	92
November ...	326	197	199	128	144	110
December ...	301	168	201	129	157	91
Summer Average	99.5	78.83	67.15	64.66	59.16	49.83
Winter Average	293.25	171	183.75	122	149	96.5
Year Average	196.6	128.55	126.44	97.33	105.66	76.11

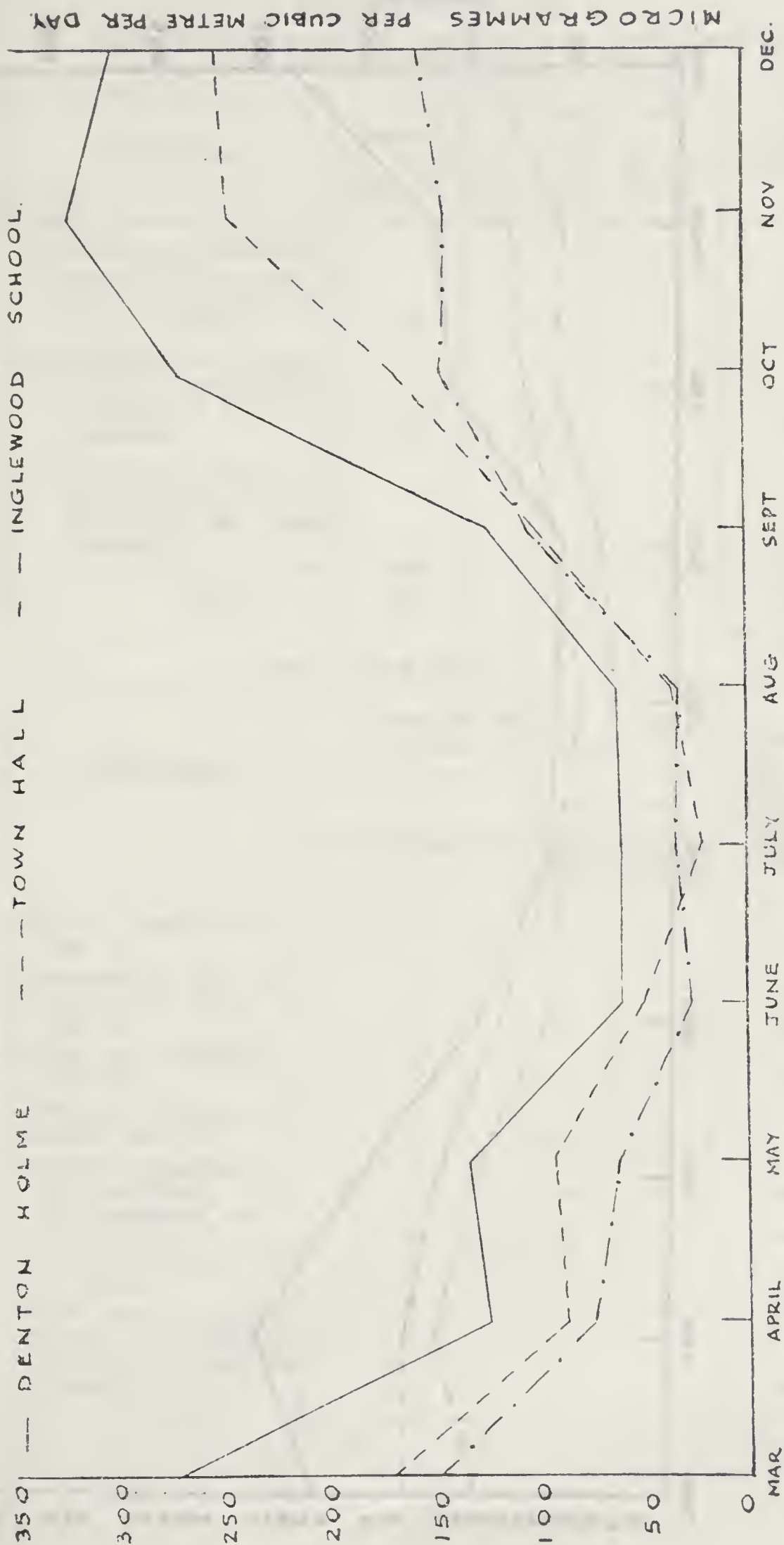
Highest Daily Reading of Smoke at Morley St. School on 9-11-66 was 637

Highest Daily Reading of SO₂ at Morley Street School on 16-11-66 was 407

Lowest Daily Reading of Smoke at Town Hall on 27-7-65 was 6

Lowest Daily Reading of SO₂ at Inglewood on 21-6-65 was 18

TABLE 43.

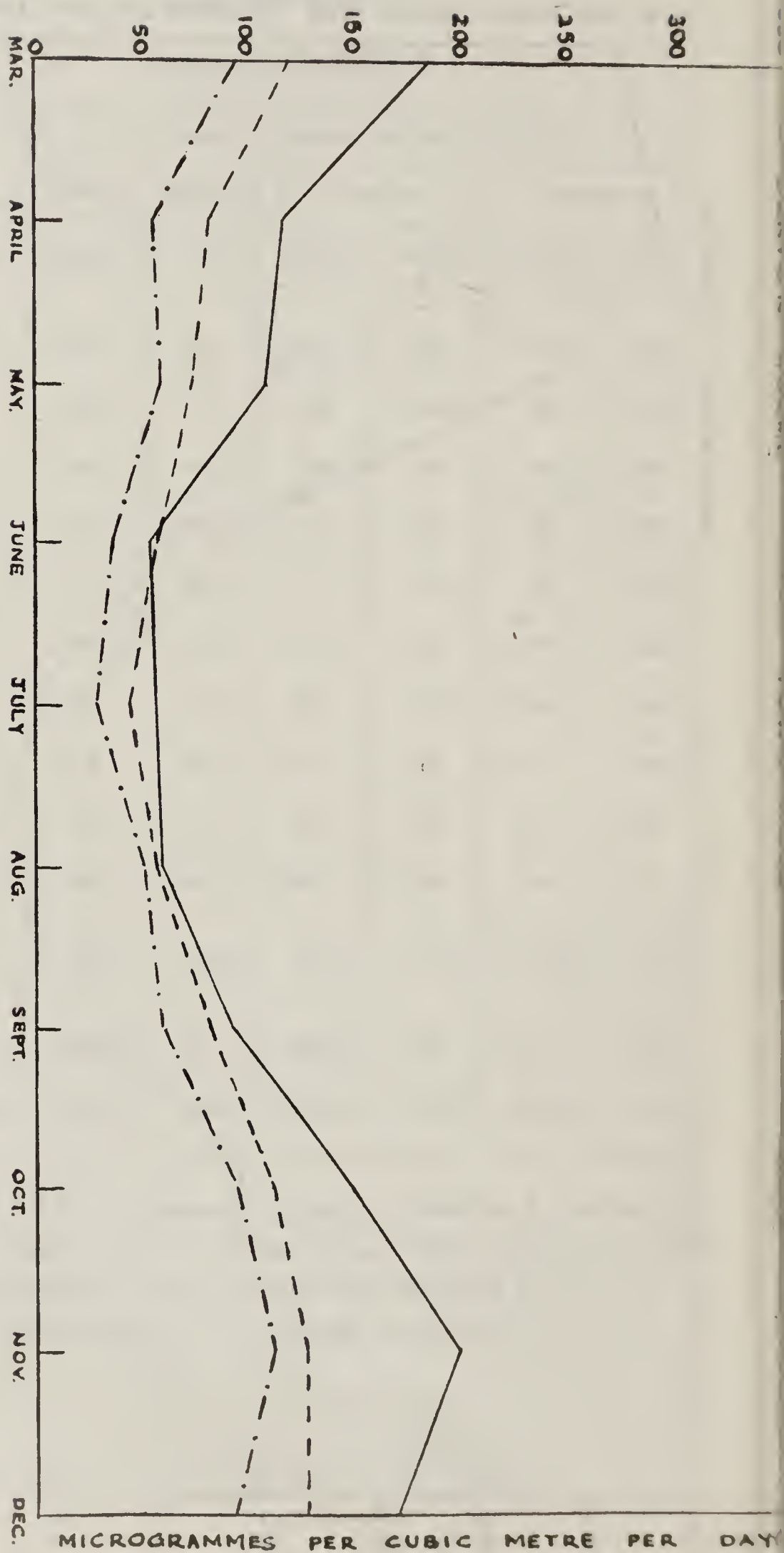


GRAPH SHOWING AVERAGE SMOKE CONCENTRATION 1965.

TABLE 44.

GRAPH SHOWING AVERAGE SULPHUR DIOXIDE CONCENTRATION

1965.



FACTORIES ACT, 1961

1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	NUMBER OF		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	23	—	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.	347	34	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	20	6	—	—
TOTAL ...	390	40	9	—

2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspec.	by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	—	—	—	—	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Ineffective Drainage of floors (Sec. 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	16	10	3	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	7	4	—	—	—
TOTAL ...	24	14	3	—	—

OUTWORKERS

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 1 10(1) (c)	No. of cases of default in sending lists to Council	No. of Prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prosecu- tions
The Making, etc. of Wear- ing Apparel	2	—	—	—	—	—

RODENT AND INSECT PEST CONTROL

SURFACE TREATMENT—RODENT CONTROL

Complaints or reports received and investigated — 260.

	Dwelling Houses	Business Premises	L.A. Premises	Agri- cultural Premises
Premises inspected for presence of rats or mice	540	623	217*	12
Premises in which evidence of the presence of rats or mice found	248	127	50	—
Visits of Inspection and treat- ment of all types of premises	3640			
No. of baits laid	15400			

* This figure includes becks, water courses, river banks, waste ground, etc., as well as normal rated hereditaments owned by the Local Authority.

During the year 3640 visits were made and 425 infestations were confirmed.

Early in the year the senior Rodent Operative retired after long, willing and capable service and his assistant ably assumed command. Another assistant was trained in the Department, but left before the end of the year. A further assistant is now being trained.

Warfarin poison was increasingly and effectively used in the destruction of rodents. When infestations of rats were rife a quick acting poison was administered and the treatment satisfactorily completed with Warfarin. In some agricultural premises Warfarin treatment was carried out haphazardly and irregularly by occupiers and their rodent populations increased. Merely to scatter the poison in and around buildings is wasteful and definitely dangerous to human beings and other creatures. Warfarin is not a quick acting poison and only by the persistent topping of properly mixed baits laid at selective points can the eradication of rodents be achieved.

Other infestations were due to defective drainage pipes allowing rats to escape from City sewers, particularly in the Spring when rodents multiply rapidly and disseminate. Tests are always undertaken to establish the source of the rodents but where rubbish and old equipment are allowed to accumulate, particularly in or near food establishments, rodents were found to have established themselves. At building sites some infestations occurred as the result of drainage works being left open. Rats were attracted from the sewers to feed on scraps of food left lying in and around workmen's huts and so plentiful was the supply of food sometimes that rat colonies were found in holes below or nearby the huts. Good building practice entails the temporary proofing of exposed drainage works and attention should also be given to the cleanliness of huts used as messrooms. Demolition sites were inspected as well to ensure that disused drainage pipes were effectively disconnected from the sewers.

An unusual infestation by field mice occurred at Crosby Airport. The pilot of a private aeroplane found his goggles had been chewed and bars of chocolate left in the plane had been nibbled. Tests and inspections revealed the presence of mice in other private planes where sweets had been stored and owners were warned never to leave food of any kind on their planes.

SEWER TREATMENT—RODENT CONTROL

The use of standard Warfarin treatment for the control of rats in sewers was extended and intensified throughout the year. The results achieved by the Rodent Operatives were remarkable gauged by the fact that one or two sewers in the City centre were blocked by fat and other deposits from catering establishments. A prolific and voracious rat population would never have allowed such deposits to become blockages.

A new Warfarin compound was tried and found to be effective. In very wet sewers bags of this compound were suspended at manholes and this method of presentation of poisoned food enticed the rats to eat as readily as they do when it is placed on the sewer benches.

The success of these sterner methods of treatment have justified the decision not to use the more toxic poisons, Sodium Fluoracetate and Fluoracetamide.

PESTS—OTHER THAN RODENTS

Cockroaches, steam flies and ants at some food and catering establishments were the most troublesome infestations. Regular spraying with a Gammexane compound gave some measure of control but as these premises are subject to intensive cleaning with water and detergent the residual effect of this insecticide was destroyed. An insecticidal lacquer was sprayed on surfaces where the insects lurk. This lacquer will remain effective for a year according to the makers and will not be removed by water and detergents.

In school canteen kitchens the lacquer was successful in preventing the perennial invasions of ants. Eradication of ant colonies presents greater difficulties in terms of time and manpower and it is chiefly these reasons that restrict the extension of the lacquer method of preventive treatment to the many houses invaded by ants each year. Consequently householders are still advised to use methods of their own.

Pigeons were steadily destroyed by trapping. It is a slow process and success depends largely on the Public not feeding the birds during the trapping operations and not releasing them from the wire mesh trap. The search for roosting places and the destruction of eggs reduced the pigeon population considerably at their more popular retreats.

Complaints received during the year included 22 concerning cockroaches, 11 concerning ants, 2 concerning steamflies and 5 concerning beetles as well as complaints regarding woodworm, spiders, fleas, fruit flies and pigeons. 44 premises were treated on 57 separate occasions.

FOOD HYGIENE

The drive on catering establishments, begun last year, had a remarkable impact on standards of hygiene in time for the start of the tourist trade at Easter. Many premises were improved by enlarging kitchens, installing new equipment, providing better artificial lighting and means of mechanical ventilation and modernising dining accommodation. There was an addition to the number of Chinese restaurants and another central restaurant was so enhanced in layout and appearance as to warrant a new name. Standards in the service to the public were raised and not one direct complaint was made to the Department about slovenly practices in the preparation, handling and serving of food. Caterers in general gave ready and willing co-operation and in consequence the strict supervision by the Department was relaxed to enable work to continue in other spheres of food hygiene.

A close liaison was maintained with the General Manager of the State Management Scheme and this resulted in improvements to their hotels and kitchens. Restrictions on national expenditure delayed the rebuilding of the Citadel restaurant which had been scheduled to begin in the Spring and at the end of the year there was still no progress to report. However the pace of modernisation of the older, central inns was quickened by the opening of the completely renovated Board Inn and will be followed soon by similar attention to at least two other old houses.

Carlisle Co-operative Society were encouraged to extend and improve the food and catering facilities offered to the public at their Central Premises. The good relations established with the Society ensured the continuity of progressive improvement to their stores throughout the City.

At the invitation of the Secretary to the Regional Hospital Board, inspections were made of all hospital and ward kitchens and staff accommodation in Carlisle. A report on the conditions found was submitted to the Secretary for action.

Regular attention was given to the hygiene of kitchens and ancillaries at Corporation Homes for aged residents and others. Any defects and bad practices found were rectified. Work was started on a new kitchen for the W.V.S. Meals-on-Wheels service.

Routine inspections were made of many food shops throughout the City and to bakehouses in particular. Despite a considerable reduction in the number of small bakehouses a few were found to be too restricted in space and so congested as to make general cleanliness and improvements in conditions difficult to achieve. Efforts were concentrated in encouraging master bakers to install sterilising machines for bread and confectionery boards and utensils, the provision of impervious surfaces at tables, shelves and cupboards and the use of modern detergents for the cleaning of floors, walls and passages and yards. Some experiments were carried out to reduce condensation in these premises, and devices were introduced to combat flying insects and sparrows in the larger bakeries.

An outbreak of recurring sepsis in hand wounds at a food factory was the subject of intense investigations. The factory products were proved to be entirely unaffected.

Dr. Proudler, Assistant Medical Officer of Health and Public Health Inspectors in association with Dr. D. G. Davies, Director of the Public Health Laboratory in Carlisle, recommended measures which were adopted by the factory management and the infection was gradually brought under control. The Factory Inspector and Regional Medical Inspector of Factories were appraised of the situation and gave their co-operation.

MILK SUPPLIES

Milk and Dairies (General) Regulations, 1959

No. of Milk Distributors on the Register	...	...	...	...	138
No. of Dairies on the Register	...	...	...	...	7

Milk (Special Designations) Regulations, 1960

No. of Dealers' licenses to use the designation "Tuberculin Tested"					75
No. of Dealers (Pasteuriser's) licences	...	...	...	...	3
No. of Dealers licensed to use the designation "Pasteurised"					88
No. of Dealers licensed to use the designation "Sterilised"					28

Routine sampling of milk was continued during the year, until the specialist inspector responsible for sampling had to be transferred to meat inspection duties for four months at the height of the summer.

Chemical Testing of Milk

53 informal samples of milk were taken and tested in the department's own laboratory, chemical analysis results on all samples were found to be satisfactory, on no occasion was it found necessary to take formal samples for submission to the Public Analyst.

Bacteriological Sampling of Milk

Bacteriological sampling of milk was continued during the year, one sample of pateurised milk and 3 samples of untreated milk failed the keeping quality test, i.e. the methylene blue test. The Area Milk Officer was notified of the unsatisfactory samples and further samples from the producers were found to be satisfactory. The following is a summary of the results:—

HEAT TREATED MILK

Designation	No. of Samples	Meth Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
Sterilised	2	—	—	—	—	2	—	0.00
Pasteurised	13	12	1	13	—	—	—	7.46
TOTALS	15	12	1	13	—	2	—	6.66

MILK OTHER THAN HEAT TREATED

Designation	No. of Samples	Passed Meth. Blue	Failed Meth. Blue	Unsatisfactory Samples Percentage
Untreated	16	13	3	18.75

Brucella Abortus

All samples of untreated milk submitted to the Public Health Laboratory for bacteriological examination are also tested for brucella abortus by being subjected to the milk ring test and samples which fail this test are cultured to identify the organism present.

16 samples were taken and tested and 1 was found to be positive for Brucella abortus. The Medical Officer of that district was informed and he served notice on the producer to have milk from the infected herd heat treated until the supply was free from the infection.

Bacteriological Examination of Ice Cream

39 samples of ice cream were taken for bacteriological examination during the year. The samples taken included those from local manufacturers who heat treat their own ice cream; from retailers who make up the ice cream from a complete cold mix by adding water and freezing the product, and from premises or vans retailing the soft mix type of ice cream. Where unsatisfactory results were obtained the premises from which the samples were sold or manufactured were again revisited and the methods of production, storage and distribution investigated and the management and staff were advised on the correct methods to be employed in the production techniques and in the cleaning of equipment. Following this action establishments where unsatisfactory samples had been obtained were resampled and in the majority of cases improvement was noted. However, in a small number of cases persistent unsatisfactory samples necessitated frequent visits to the premises to supervise production techniques and advise on hygienic practice. Satisfactory samples were ultimately obtained from the manufacturers involved. Samples of prewrapped ice cream were all found to be satisfactory.

Unfortunately the routine sampling of ice cream was permanently interrupted at the beginning of July for the remainder of the year by reason of the inspector being seconded to meat inspection duties for over four months.

The grading of the 39 samples taken was as follows :—

Grade	MOBILES				PREMISES			
	I	II	III	IV	I	II	III	IV
Soft Ice Cream	—	—	—	—	1	3	1	—
Other Ice Cream	1	—	—	1	13	10	3	6

FOOD HYGIENE REGULATIONS

The following is a list of contraventions found on inspection :—

							Contraventions Found Abated	
Insanitary Premises	...	...	...	...	...	...	—	2
Cleanliness of equipment	...	...	...	...	...	...	70	85
Protection of food from contamination	...	...	...	...	...	...	17	27
Personal hygiene of food handling staffs	...	...	...	...	...	...	4	4
Sanitary conveniences	...	...	...	...	...	...	23	34
Water supply	...	...	...	...	...	...	—	—
Staff washing facilities	...	...	...	...	...	...	19	27
First Aid Equipment	...	...	...	...	...	...	3	14
Accommodation for outdoor clothing	...	...	...	...	...	...	9	11
Facilities for washing equipment	...	...	...	...	...	...	6	5
Lighting of food rooms	...	...	...	...	...	...	—	1
Ventilation of food rooms	...	...	...	...	...	...	3	2
Food room not to be or to communicate with sleeping accommodation	...	...	...	...	...	...	1	1
Cleanliness of food rooms	...	...	...	...	...	...	226	138
Accumulations of refuse	...	...	...	...	...	...	2	5
Maintenance of temperature of foods	...	...	...	...	...	...	—	2
Stalls and vehicles	...	...	...	...	...	...	19	—
Conveyance of meat	...	...	...	...	...	...	—	—
							<hr/> 402	<hr/> 358

Inspection and Registration of Food Premises

Registerable Premises

Ice-Cream—

	No. in area	No. of inspect- ions	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
Wholesale manufacture	1	4	1	1	1
Manufacture and Retail Sale	17	44	15	17	16
Wholesale Storage for Sale	3	—	3	3	3
Retail Sale—mainly pre-packed	243	30	230	—	—

Preparation or manufacture of Sausage, or Potted, Pressed, Pickled or Pres- erved Food

...	78	40	76	78	74
-----	----	----	----	----	----

Fish Friers	27	48	24	27	25
-------------	----	----	----	----	----

Other Food Premises—

Bakehouses	38	108	34	38	37
Bakers' and Confectioners' Shops	82	114	61	82	66
Butchers' Shops	84	128	76	84	78

Catering Establishments—

Hotels, Restaurants, Cafes, etc.	50	242	50	50	30
Industrial & Commercial Canteens	33	21	33	33	33

School Canteen	34	8	34	34	34
Residential Hospitals, Institutions ...	19	21	19	19	19
Non-Res. Inst., Clubs, Hall, etc. ...	21	25	20	21	15
Boarding Houses & Guest Houses, etc.	52	23	not known	not known	not known
Fruiterers' & Greengrocers' Shops ..	82	41	58	82	66
Wholesale Merchants	5	2	5	5	5

Grocers and Provision Merchants—

Shops	189	155	121	189	164
Wholesale Merchants	7	24	7	7	7
Licensed Premises—Inns, Hotels, etc. ...	130	37	not known	not known	not known
Sugar Confectionery—Shops	76	8	48	70	54
„ „ Wholesale	7	2	7	7	7
Wet Fish—Shops	14	4	12	14	14
„ „ Wholesale	2	3	2	2	2
Public Slaughterhouse	1	63	1	1	1
Food or Drinks Manufactories	11	25	11	11	11
Bacon Factory	1	126	1	1	1
Mobile Shops, Vans, Canteens	135	54	130	—	—
Temporary Market Stalls	100	163	18	Common	Common
Pharmaceutical Chemists	24	15	20	24	24
MILK—Dairies and Distributors ...	145	152	94	—	—

N.B.—Variations in figures due mainly to acceptance of domestic arrangements being adequate for both shops and houses where house is attached to shop.

The Liquid Egg (Pasteurisation) Regulations, 1963

- | | |
|---|-----|
| (i) Number of egg pasteurisation plants in the district ... | one |
| (ii) Number of samples of liquid egg submitted to the Alpha-Amylase test and their results | nil |
| (iii) Comments on the second year's administration of the Regulations | nil |

SONNEI DYSENTERY

During the month of May to July an outbreak of Sonnei Dysentery occurred within the City. The outbreak continued during the remaining months of the year and finally abated during December.

There were 213 positive cases of Dysentery investigated by the Public Health Inspectors.

This accounted for 444 initial visits by the Public Health Inspectors and 925 visits by the two Pupil Inspectors who were responsible for the follow-up visits and collection and delivery of specimens. A total of 925 specimens were submitted to the Public Health Laboratory Service for bacteriological examination.

FOOD CONTROL

Food samples supplied for analysis :—

ARTICLE	No. of Samples			No. found to be Unsatisfactory		
	Formal	Informal	Total	Formal	Informal	Total
Aspirin Tablets	—	1	1	—	—	—
Beef Sausage	—	14	14	—	3	3
Butter	—	2	2	—	—	—
Carltona Frig. Ice	—	1	1	—	—	—
Catarrh & Bronchial Syrup	—	1	1	—	—	—
Chicken Fritters	—	1	1	—	—	—
Codeine Tablets	1	1	2	—	—	—
Coffee Yogurt	—	1	1	—	—	—
Cultured Pure Dairy Product for Salads	—	1	1	—	1	1
Dairy Cream Slices	—	2	2	—	—	—
Double Cream	—	1	1	—	—	—
Droxalin Tablets	—	1	1	—	1	1
Eastons Syrup	—	1	1	—	—	—
Fish Cakes	—	2	2	—	—	—
Ice-Cream	—	2	2	—	—	—
Jiffi-Jelli	—	1	1	—	—	—
Limeade	—	1	1	—	—	—
Low Sugar Marmalade	—	1	1	—	—	—
Meat Paste	—	1	1	—	—	—
Neophryn Nasal Spray	—	1	1	—	—	—
Pork Sausage	—	5	5	—	—	—
Rum Butter	—	2	2	—	—	—
Salmon Fish Cakes	—	1	1	—	—	—
Scotch Broth	—	1	1	—	1	1
Sour Cream Sauce Mix	—	1	1	—	—	—
Throat Tablets	1	—	1	—	—	—
Westmorland Candy	—	1	1	—	—	—

Routine sampling of food and drugs was continued during the year, 50 samples comprising 8 drugs and 42 foods being taken. The Public Analyst reported 6 to be unsatisfactory.

Sample No. 9/65. A sample of Scotch Broth which was the subject of complaint was examined and found to be incorrectly labelled. The manufacturers stated that it was difficult to decide whether this was due to negligence on their operatives' part, or the part of the firm who print their labels, but that it would be brought to the notice of all factory personnel concerned.

Sample No. 14/65. An informal sample of cultured pure dairy product was reported as not conforming to legislation, in that the label did not include a list of ingredients, in the order of the proportion in which they were used. The attention of the manufacturer was drawn to these comments, made by the Public Analyst. A director of the firm expressed his concern and decided to seek the advice of the Public Analyst as to the correct labelling of the product.

Sample No. 25/65. A sample of beef sausage was found to contain excess of sulphur dioxide preservative. The usual practice is to add a ready made spice—preservative mixture which can be measured with some degree of accuracy. In this case the manufacturer adds these ingredients in separate quantities, preferring to prepare seasoning to his own recipe and adding the preservative later. Advice was given on the correct amount of preservative to be added which should eliminate any further trouble, but resampling in the future will determine this.

Sample No. 30/65. A sample of beef sausage was found to contain undeclared sulphur dioxide preservative. The company concerned was notified and immediately obtained suitable notices declaring the use of preservative for display in all their premises retailing sausage.

Sample No. 50/65. A third sample of beef sausage was also found to contain undeclared sulphur dioxide preservative. A warning letter was sent and the butcher concerned obtained a suitable notice for display.

Sample No. 27/65. An informal sample of Droxalin tablets was stated by the Public Analyst not to conform to the requirements of the Pharmacy and Medicines Act; in that the description of the effective constituent was not precise enough to indicate the nature of the chemicals used in formulation. The firm concerned were informed of the analyst's opinion, and were requested to take the appropriate action amending the description of the constituents on the label of the product.

MEAT AND FOOD INSPECTION

The establishment of the section includes six full-time meat inspectors four of whom are employed at a private bacon factory and two at the private slaughterhouse. Due to staff shortage, holidays and sickness during the year it was necessary to arrange for Public Health Inspectors to be diverted to meat inspection duties for 280 half day periods at the bacon factory and 346 half day periods at the private slaughterhouse.

SLAUGHTERHOUSE

CARCASES INSPECTED INCLUDING THOSE CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	6503	705	112	29502	10493	—
Number inspected	6503	705	112	29502	10493	—
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcasses condemned	7	7	21	163	34	—
Carcase of which some part or organ was condemned	2463	392	28	3159	4382	—
Percentage of the number inspected affected with disease other than tub- erculosis	37.98	56.59	43.75	14.70	42.08	—
TUBERCULOSIS ONLY						
Whole carctses condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	6	1	—	—	159	—
Percentage of the number inspected affected with tuberculosis	0.09	0.14	—	—	1.51	—
CYSTICEROSIS						
Carcase of which some part or organ was condemned	59	7	—	—	—	—
Carcases submitted to treat- ment by refrigeration ...	59	7	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

SLAUGHTERHOUSE

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1962	6824	26919	195	8301	42239
1963	7377	30528	121	7824	45850
1964	8290	35358	114	8876	52638
1965	7208	29502	112	10493	47315

HARRABY BACON FACTORY

1962				152916	152916
1963				143137	143137
1964				193626	193626
1965				214166	214166

SLAUGHTERHOUSE

Table showing number of Carcases and Part Carcases condemned for diseases other than Tuberculosis.

DISEASE OR CONDITION	Whole Carcases					Part Carcases				
	Cows	Other Cattle	Sheep	Calves	Pigs	Cows	Other Cattle	Sheep	Calves	Pigs
Anaemia	—	—	1	—	—	—	—	—	—	—
Abscesses and Suppurative Conditions	—	—	2	1	2	2	3	10	—	15
Contamination	—	—	—	—	—	—	—	1	—	1
Arthritis and Atrophy	—	1	2	—	2	1	2	21	—	55
Bruising and Injuries	—	2	9	—	1	8	20	30	3	21
Decomposition	—	—	10	—	—	—	1	5	—	5
Pathological Emaciation	—	—	1	—	1	—	—	—	—	—
Fever	—	—	13	—	2	—	—	—	—	—
Gangrene	—	—	2	—	1	—	—	—	—	—
Jaundice	—	—	2	—	—	—	—	—	—	—
Johnes Disease	2	—	—	—	—	—	—	—	—	—
Immaturity	—	—	—	9	—	—	—	—	—	—
Bone-taint and Abnormal Odour	—	—	1	—	—	—	7	1	—	—
Oedema	5	2	90	3	18	—	1	23	—	1
Mastitis	—	—	—	—	—	—	1	1	—	1
Metritis	—	—	—	—	—	—	—	—	—	—
Moribund	—	—	6	—	1	—	—	—	—	—
Pericarditis	—	—	—	—	—	—	—	—	—	—
Peritonitis	—	1	6	1	1	1	1	4	—	—
Pleurisy	—	—	1	—	—	1	—	18	—	—
Pneumonia	—	—	9	3	—	—	—	4	—	—
Pyæmia	—	—	4	5	5	—	—	—	—	—
Septicæmia, Toxaemia and Others	—	1	3	—	—	—	—	—	—	—
Skin Conditions	—	—	—	—	—	—	—	—	—	—
Swine Erysipelas	—	—	—	—	—	—	—	—	—	2
Tuberculosis	—	—	—	—	—	—	2	—	—	—
Tumours	—	—	1	—	—	—	—	—	—	—

BACON FACTORY

						Whole Carcases	Part Carcases
I.—BACTERIAL OR VIRUS DISEASES							
Swine Erysipelas	..	...	...	...	...	—	15
Tuberculosis	...	...	...	...	...	1	4
II.—PATHOLOGICAL CONDITIONS							
Arthritis	...	...	...	...	...	3	595
Arthritis Septic	...	...	...	...	...	15	2
Abscesses	...	...	...	...	...	4	1772
Anaemia	...	...	...	...	...	9	—
Amyloid Degeneration	...	...	...	...	...	—	—
Emaciation, Pathological	...	...	...	...	...	8	—
Gangrene	...	...	...	...	...	14	2
Hernia	...	...	...	...	...	2	30
Icterus	...	...	...	...	...	9	—
Leukaemia	...	...	...	...	...	2	—
Mastitis	...	...	...	...	...	—	—
Metritis	...	...	...	...	...	5	—
Moribund	...	...	...	...	...	3	—
Oedema	...	...	...	...	...	70	73
Peritonitis	...	...	...	...	...	2	139
Peritonitis, Septic	...	...	...	...	...	14	—
Pleurisy, Septic	...	...	...	...	...	2	110
Pleurisy	...	...	...	...	...	5	178
Pneumonia, Septic	...	...	...	...	...	21	22
Pleurisy and Peritonitis	...	...	...	...	...	15	213
Pyaemia	...	...	...	...	...	39	39
Pyrexia	...	...	...	...	...	32	2
Rash	...	...	...	...	...	—	81
Uraemia	...	...	...	...	...	9	—
Tumours	...	...	...	...	...	1	—
Septicaemia	...	...	...	...	...	2	—
Pericarditis	...	...	...	...	...	1	—
Septic Sores	...	...	...	...	...	10	209
III.—MISCELLANEOUS CONDITIONS							
Atrophy	...	...	...	...	...	—	4
Adhesions	...	...	...	...	...	—	—
Contaminations	...	...	...	...	...	—	—
Injury, Bruising and Damage	...	...	...	...	...	19	1159
Malformation	...	...	...	...	...	—	47
Metaplasia	...	...	...	...	...	—	20
Post Mortem Putrefaction	...	...	...	...	...	1	4
Melanosis	...	...	...	...	...	—	1
IV.—PARASITIC CONDITIONS							
Coccidium Fuscum	...	...	...	...	...	—	1

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1965 :—

PUBLIC SLAUGHTERHOUSES :

			T.	C.	Q	Lb.	T.	C.	Q.	Lb.
Beef	...	...	3	8	0	20				
Beef Offals	...	...	11	15	3	16				
Mutton	...	...	3	4	1	4				
Mutton Offals	...	...	3	3	3	5				
Veal	...	...		9	3	22				
Veal Offals	...	...		1	2	6				
Pork	...	...	1	17	3	17				
Pork Offals	...	...	2	6	0	3	26	7	2	9

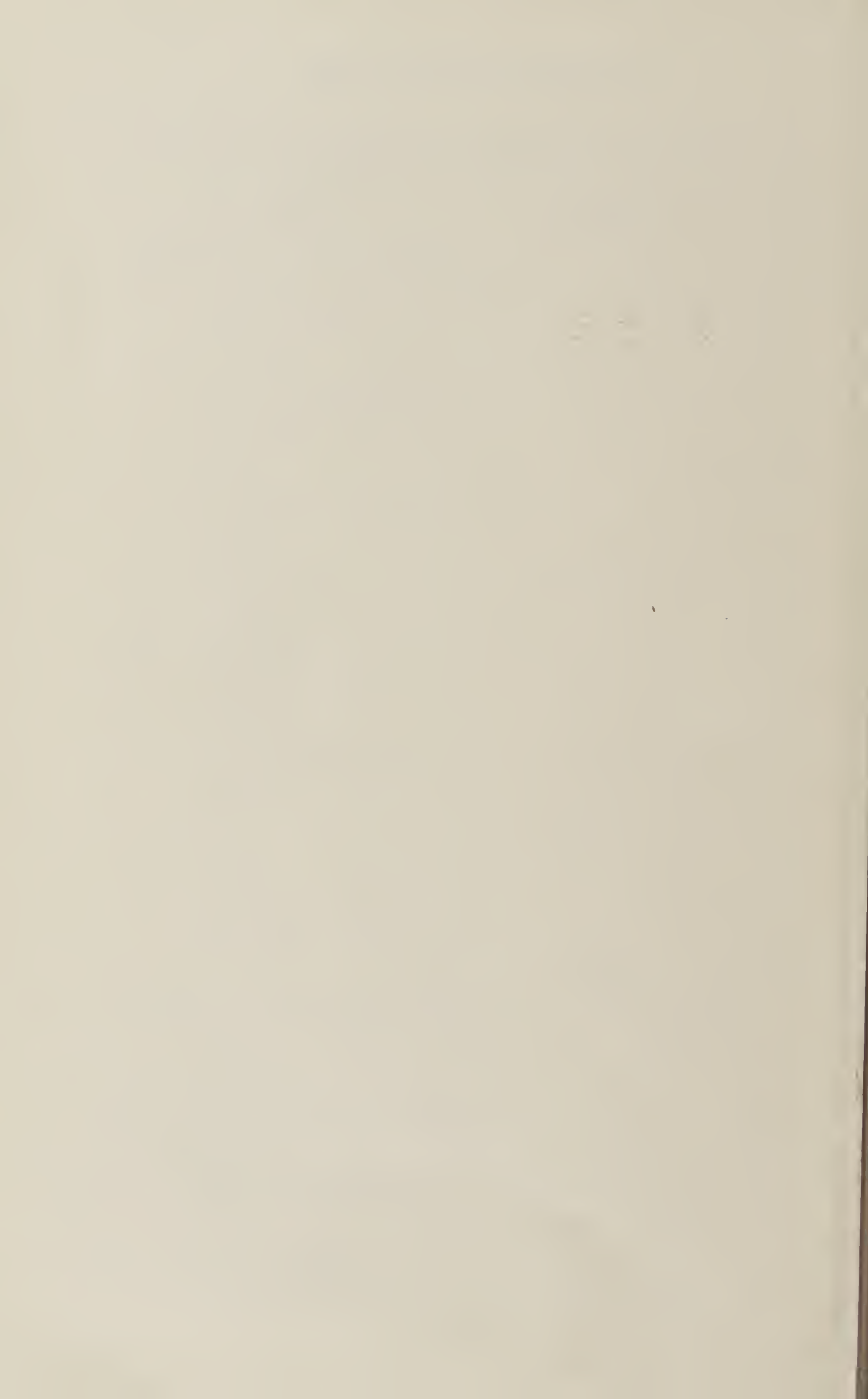
HARRABY BACON FACTORY :

Pork	...	...	60	10	0	27				
Offals	...	...	67	13	2	15	128	3	3	14

OTHER SOURCES :

Meat at Wholesale Premises	...	...	1	1	0	15				
Meat at Retail Shops				14	0	2				
Cooked Meat and Meat Products	...	...			1	20				
Canned Meat	...	...	1	3	1	9				
Fish	...	...		3	2	13				
Fruit and Vegetables					1	14				
Poultry at Packing Station	...	...	9	7	2	20				
Other Foods	...	...		13	0	8				

	13	3	2	17
Total :	167	15	0	12



Ferguson Bros. (Printers) Ltd., Keswick